



Food Delivery/ Data Section



Kentucky Public Health
Prevent. Promote. Protect.

FOOD DELIVERY/DATA SECTION INDEX

	<u>PAGE</u>
GENERAL POLICIES	3
SECURITY	5
DUAL ENROLLMENT/PARTICIPATION	6
INVENTORY AND SECURITY REQUIREMENTS	7
FOOD INSTRUMENT TYPES AND USE	9
ORDERING AND RECEIPT	10
ASSIGNING ISSUE DATES	11
PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE	13
PARTIAL AND REDUCED ISSUANCE	14
FOOD INSTRUMENT ISSUANCE	16
ISSUANCE TO PROXIES	20
REPLACING	21
RETURNED FORMULA REQUIREMENTS	23
MAILING/UPLOADING BENEFITS	24
VOIDING	25
LOST, STOLEN, DAMAGED OR DESTROYED FOOD INSTRUMENTS	27
AUTOMATIC TERMINATIONS	30
EMERGENCY SITUATIONS	31
FORMS AND FOOD INSTRUMENT SCREENS INDEX	33
ON-LINE/BRIDGE PRODUCED LABELS INDEX	46
SYSTEM REPORTS INDEX	49

GENERAL POLICIES

1. Procedures shall be in effect to prevent any conflict of interest. Employees must not print or issue food instructions for family/household members. See “Certification and Management” section, “WIC Certification and Management”.
2. Participants who move out of the geographic area served by the agency/site are eligible to continue their certification period and receive food instruments at their new agency/site. See “Certification and Management” section, “Transfer/VOC”.
3. Each site must have an adequate supply of food instruments (see definition of food instruments below) to serve the caseload. Security and accountability for all food instruments and stamps shall be ensured. See “Inventory and Security Requirements” in this section.
4. Agencies/sites shall schedule issuance to serve their caseload in a timely manner. Appointments to pick up food instruments must be scheduled so there is no lapse in benefits and should be coordinated with other services when possible. Appointments must comply with the Administrative Reference, Section: LHD Operations, “Appointment and Scheduling Requirements for Personal Health Services”. Refer to “Certification and Management” section, “WIC Processing Standards and Scheduling,” and “Caseload Management”.
5. Participants shall receive WIC foods free of charge.
6. A food package must be prescribed for each participant by a health professional, and must be appropriate for the person’s status, age and nutritional needs. See “Clinical Section”, “WIC Policies for Prescribing Food Packages”.
7. Only foods approved by the State WIC Office shall be issued. Approved foods are organized into food packages. See “Clinical Section”, “Food Package by Status”.
8. Food instruments shall be issued only for persons determined eligible and certified for the Program.
9. All persons must receive food instruments at the time of certification, except the exclusively breastfed baby and the partially breastfeeding woman who after six (6) months postpartum has requested more than the maximum amount of formula for a partially breastfeeding infant. For new persons added to WIC, benefits shall not be retroactive.
10. Eligible persons receive a food package for each month of eligibility in their certification period provided all Program rules are met. A maximum of three (3) months may be issued at one time.
11. Participants/caretakers or their proxy shall personally pick up food instruments unless situations exist that justify mailing food instruments. See “Issuance to Proxies” and “Mailing/Uploading of Food Benefits” in this section.
12. Issuance must be clearly documented in the participant’s medical record at the time of issuance. Documentation must be reviewed prior to subsequent issuance. Refer to “Food Instrument Issuance” in this section.
13. Participants/caretakers must be provided instructions on the proper use of food instruments; that food instruments can only be redeemed at authorized stores, and provided the approved Food List and a list of current authorized stores. Participants cannot be encouraged to shop at any specific store.
14. When and participant becomes status ineligible, the participant is eligible to receive all food instruments with a “first day to use” prior to the date of ineligibility.

15. Participants that fail to pick up food instruments for two (2) consecutive months are considered dropouts and are terminated from the Program. See "Certification and Management" section, "WIC Certification and Management", "Ineligibility and Discontinuation of Benefits", and "Dropout/Non-Participation".
16. Participants shall not be denied WIC foods or food instruments for failure to attend or participate in nutrition education and/or other health services offered by the agency.
17. Food instruments that are replaced shall replicate the issue month and issue day of the original food instruments. See "Replacing Food Instruments" and "Lost, Stolen, and Destroyed Food Instruments" in this section.

NOTE: FOOD INSTRUMENTS ARE DEFINED IN 7 CFR PART 246 AS A VOUCHER, CHECK, ELECTRONIC BENEFITS TRASFER CARD OR ANY OTHER DOCUMENT WHICH IS USED BY A PARTICIPANT TO OBTAIN SUPPLEMENTAL FOODS.

SECURITY

A. Web-Based Programs/Applications

1. Web-based programs/applications are secure and are only accessible by authorized persons.
2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.
3. Web-based programs/applications include:
 - a. CMS (Clinic Management System);
 - b. eWIC (Electronic Benefits Transfer);
 - c. Breastfeeding Peer Counselor; and
 - d. Revalidation.

B. E-Reports

1. Reports are accessible only by authorized personnel.
2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.

C. Users will be deleted from web-based programs and applications after 60 days of non-use.

DUAL ENROLLMENT/PARTICIPATION

A person must not be enrolled/participating in more than one (1) WIC site at the same time (either in-state or out-of-state) nor in WIC and CSFP at the same time. In order to prevent dual enrollment/participation, the system performs a statewide search based on certain data to ensure the participant is not enrolled and/or receiving food instruments at another agency/site. When data entered at a site is the same as information in another site, this is a “match”. If there is a match on last name, first name, sex and date of birth an error message will be received. Each match must be reviewed to determine if it is the same person; there may be “false matches,” i.e., same pseudo numbers, ID number entered wrong.

1. The system performs the check for dual enrollment/participation between WIC Sites:
 - a. At the time a certification appointment is made;
 - b. At the time a certification is indicated as an anticipated service; and
 - c. At the time the issuance is requested.
2. If there is a match, determine if the match is the same person.
 - a. If not, continue certification, enrollment, and/or food instrument issuance.
 - b. If the match is the same person determine where the person(s) should be enrolled/participating. See “Certification and Management” section, “WIC Eligibility Requirements”.
3. If actual Dual Participation between WIC sites (either in-state or out-of-state) has been determined. See “Certification and Management” section, “Participant Abuse” for appropriate procedures.
4. The system performs the check for dual enrollment/participation between WIC Sites and the Commodity Supplemental Food Program (CSFP) when a participant’s data is received from CSFP.
 - a. A report, “Possible Dual Participation Between the WIC Program and CSFP” is produced which lists potential dual participants between WIC and CSFP.
 - b. The report is to be reviewed. Possible dual participants are to be investigated and if dual participation is determined, see “Certification and Management” section, “Participant Abuse” for appropriate procedures.

INVENTORY AND SECURITY REQUIREMENTS

A. General Policies

1. Security and accountability for all food instruments (handwritten food instruments and eWIC cards), agency stamps, void stamps, revalidation stamps, and returned formula shall be ensured.
2. Every food instrument has a unique serial number and is tracked in the system from the time it is assigned to a specific agency/site. All food instruments must be recorded as issued or voided. Each issued food instrument number is assigned to a specific participant and must be the number given to that participant.
3. Agency stamps, void stamps and revalidation stamps are provided by the State WIC Office. These are the authorized stamps and are the only stamps to be used for WIC food instruments.
4. Handwritten food instruments that are no longer usable are to be voided and sent to the State WIC Office. Refer to "Voiding" in this section.

B. Stamps

1. Each agency must have a revalidation stamp for handwritten food instruments. Each site must have an agency stamp and a void stamp. Stamps are available from the State WIC Office.
2. Agency and revalidation stamps must be kept in a locked area to ensure that access is limited to authorized personnel.
 - a. Revalidation stamps and handwritten food instruments are to be locked in separate places.
 - b. Agency stamps must be stored separately from food instruments.

C. Food Instruments

1. Receipt of food instruments from the State WIC Office must be verified immediately. See "Ordering and Receipt of Food Instruments" in this section.
2. A physical inventory must be made of all, food instruments monthly:
 - a. A person other than the person(s) that issue food instruments must do the inventory.
 - b. Any method which reflects the actual number of food instruments on hand from the last month plus additional food instruments received during the current month minus all food instruments issued during the current month is acceptable. Account for all food instruments during this inventory by verifying that food instruments on hand math the FI Range Search.
 - c. The actual number on hand for each type of food instrument, the name and signature of the person who did the physical count and date of verification must be maintained. All food instruments must be accounted for during this inventory. Documentation of inventory must be retained for one (1) year. A suggested inventory format is provided in "Forms and Food Instruments" in this section.
 - d. Discrepancies must be reported to the State WIC Office as soon as possible.
3. Issuance shall be performed accurately and all required information must be recorded at the time of issuance. Handwritten food instruments cannot be completed in advance and held for later issuance. Benefits issued through eWIC cannot be issued in advance.

4. Handwritten food instruments must be issued in a consecutive manner starting with the lowest number available and proceeding to the highest number.
5. Handwritten food instruments must not be pre-stamped with the agency stamp.
6. Handwritten food instrument issuance must be posted as soon as the system is available, but must not exceed one (1) week.

D. eWIC Cards

1. Inventory

- a. A site inventory shall be established for the clinic.
- b. Cards must be kept in a locked room or file cabinet.
- c. Site inventory must be tracked.
- d. Cards received in a shipment must be logged received.
 - Cards issued out to card issuers must be logged.
 - Cards removed from inventory for other reasons must be logged.
- e. When cards are received, count and bundle into stacks of 20.
- f. Site inventory totals and counts must be made once a month.
- g. Establish a minimum amount for reorder.
- h. One person that does not issue cards must be responsible for site inventory, with a back-up person designated.

2. Card Issuers

- a. Each card issuer (or issuance location) must maintain a box of cards.
- b. Cards will be provided to card issuers from the site inventory with the total number of cards issued logged into the spreadsheet.
- c. Cards for issuers shall be maintained in a box, ideally a small lock box.
- d. Card boxes must be secured or returned to the site inventory location at the end of each day or end of issuance.
- e. Cards should be allocated to issuers in a quantity for up to a maximum of one (1) week.
- f. Cards should remain bundled in stacks of 20 to facilitate using in order.

E. Returned Formula

1. Formula that is no longer appropriate for participant use must be returned to the site.
2. Returned formula must be inventoried. Refer to "Returned Formula" in this section.

FOOD INSTRUMENT TYPES AND USE

There are two (2) types of food instruments that may be issued to participants (See “Forms and Food Instruments” in this section):

1. Handwritten food instruments contain appropriate approved foods for the participant status. All information including the food package quantities must be completed by hand at the time of issuance. These food instruments are used only during disaster situations or when a special formula is needed that is not in the APL (Approved Product List). All sites must have handwritten food instruments. There are three (3) handwritten food instruments for:
 - Infant
 - Woman/Child
 - CVB (Cash Value Benefit)
2. eWIC card is the EBT card which when utilized with the secure PIN allows the WIC participant to redeem the food items in the food package which have been prescribed by the health professional.

ORDERING AND RECEIPT

A. Ordering

1. **New Clinic Site:** Appropriate amounts of handwritten food instruments and eWIC cards will be supplied based upon the anticipated number of participants. Contact the State WIC Office for assistance in determining amounts.
2. **Established Clinic Site:** Agencies/sites are responsible for maintaining an adequate inventory of food instruments.
3. When necessary, handwritten food instruments may be ordered using the Food Instrument Order Form. The order should be no more than an estimated three (3) month supply.

B. Receipt of Handwritten Food Instruments

1. Immediately upon receipt: Compare numbers on the Food Instrument Range with serial numbers of food instruments received. See the CMS Manual.
 - a. If correct, electronically acknowledge receipt of the food instruments. This must be done before any issuance from that series of food instrument/cash value benefit can be posted.
 - b. If the serial numbers and food instruments do not agree, contact the WIC Help Desk for further instructions.
2. All handwritten food instruments must be stored in a secure, locked area that is separate from the agency stamps.
3. Food instrument security must be ensured. See "Inventory and Security Requirements" in this section.

C. Receipt of EBT Cards

1. Immediately upon receipt: Compare numbers on the Food Instrument Order Form with serial numbers on the eWIC cards received. If the serial numbers on your order form and numbers on your cards do not agree, contact the WIC Help Desk for further instructions.
2. If correct, electronically acknowledge receipt. This must be done before any issuance from that series can be posted.
3. If the number of eWIC cards received or serial numbers do not match the Food Instrument Order Form, contact the WIC Help Desk for further instructions.

ASSIGNING ISSUE DATES

A. General Policies

1. All eligible persons must be assigned an issue date.
2. All household members must be placed on the same issue date so issuance can be done for all members at the same time. Refer to “Putting Household Members on the Same Issuance” in this section.
3. The assigned issue date is the date desired for the first full food package.
4. An issue day of 29, 30, or 31 can be used for first issuance. These dates are then automatically changed by the system to an issue date of 28. This change is made since all months have at least 28 days and to accommodate issuance in all months.
5. When a member is added to an existing household and issue dates are being coordinated with other household members, using the current date, the system will issue a partial food package. The system calculates the number of days and issues the appropriate food quantities. Refer to “Putting Household Members on the Same Issuance” and “Partial and Reduced Issuance” in this section.
6. The issue date remains the same through the household’s continuous participation in WIC. For late pick up of food instruments, the system calculates the appropriate food quantities. Refer to “Partial and Reduced Issuance” in this section.

B. Assigning Issue Dates

1. Issue Date For A New Household
 - a. The issue date for a new household and new member(s) should be the date the person(s) is added to WIC.
 - b. If there are other household members on WIC, issue dates must coordinate. See “Putting Household Members on the Same Issuance” in this section.
2. Issue Date For A Transfer/VOC
 - a. The issue date for a transfer/VOC from one Kentucky WIC clinic to another will be the existing issue date from the previous agency/site unless coordination with a household applies. See “Putting Household Members on the Same Issuance” in this section. Also refer to Certification and Management Section, “WIC Certification and Management,” “Transfer/VOC”.
 - b. Using the existing issue date for a transfer may result in the issuance of a partial food package. The system calculates the number of days and issues the appropriate food instruments and food quantity. Refer to “Partial and Reduced Issuance”.
 - c. The issue date for a transfer/VOC from out-of-state should be the date the person(s) is added at your site. If coordination with other household members applies, see “Putting House Members on the Same Issuance” in this section. Also refer to Certification and Management Section, “WIC Certification and Management”, “Transfer/VOC”.

3. Issue Date for Exclusively/Partially Breastfed Infants

The issue data is the same as the rest of the members of the household.

4. Issue Date for Partially Breastfeeding Woman Beyond six (6) Months Postpartum

A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue date as the rest of the household.

5. Issue Date for Reinstatement

- a. The issue date for a person being reinstated to WIC is their existing issue date.
- b. Using the existing date for a reinstatement may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and prints the appropriate food instruments and food quantity. Refer to "Partial and Reduced Issuance".

PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE

When a new infant is added, person(s) join a household, or additional household members qualify for benefits, issue dates within a household MUST coordinate.

A. Initial Certification

1. Pull the medical record(s) of an existing household member to review the issue date assigned to the household.
2. Assign the new member to the household the same issue date as the household member(s) already on the Program.
3. A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue dates as the rest of the household.
4. Request at least two (2) months of food instruments. The first month is the appropriate quantity for the number of days to the full issuance and the second month is a full package. The appropriate amount of food will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.
 - a. The initial food package for a woman, child or infant will be provided as outlined in this section "Partial and Reduced Issuance".
 - b. If handwritten food instruments are issued, issue the number of food instruments for the appropriate food package according to the number of days from the issue date. Refer to "Partial and Reduced Issuance". The food distribution for the food package must be replicated. See the "Clinical Section", "Food Package Distribution Charts".
 - c. The system will issue the entire food package to the breastfed infant receiving supplemental formula and the infant and woman or child receiving only cereal and juice.

PARTIAL AND REDUCED ISSUANCE

A. General Policies

1. A participant's assigned issue date, the actual date of issuance, and the participant's status determines the quantity of food the participant receives.
2. The participant's assigned issue date remains the same through continuous participation in WIC. Refer to "Assigning Issue Dates" in this section.
3. In order to issue an appropriate quantity of food, adjustments will be made by the system in the quantity of supplemental food issued. The system will issue a reduced or partial food package for the following:
 - a. To catch up a household member with another household member on WIC to coordinate issue dates.
 - b. Late pick up/issuance of food instruments.
4. The system calculates the number of days for the issuance and issues the appropriate food quantity.
5. If handwritten food instruments are issued, the issuance must replicate the reduced issuance food quantity, and must be done as the food distribution appears in the Clinical Section, Food Package Distribution Charts.
6. An issuance label is generated for placement in the participant's medical record when food benefits are issued through eWIC and will indicate if a partial package is issued. For handwritten instruments, a handwritten entry must be made in the medical record.

B. Partial and Reduced Issuance Calculation

1. Reduced or Partial issued food packages are based on the number of days until the next issue date and the status of participant.
2. The following chart explains the number of days remaining in an issuance period and the quantity of food to be issued. The chart also indicates the number of handwritten food instruments issued. See the food distribution, which appears in the Clinical Section, Food Package Distribution Charts. The issuance is in accordance with the category of the participant for partial or catch up issuance, and reduced packages for late pick up:

a. Infants

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> • 16 days or more • 15 days or less 	<ul style="list-style-type: none"> • Full issuance • Food Instruments 1 & 2

b. Women and Children receiving three (3) food instruments (according to the distribution chart)

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> • 16 days or more • 15 days or less 	<ul style="list-style-type: none"> • Full issuance • Food Instruments 1 & 3*

c. Women and Children receiving four (4) food instruments (according to the distribution chart)

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> • 16 days or more • 15 days through 9 days • 8 days or less 	<ul style="list-style-type: none"> • Full issuance • Food Instruments 1, 2 & 4* • Food instruments 1 & 4

*Cash Value Benefit

3. Issuance is not reduced for the breastfed infants receiving supplemental formula.

FOOD INSTRUMENT ISSUANCE

A. General Policies

1. Food instruments shall be issued only for persons determined eligible and certified for the program.
2. Proof of identity of the person picking up food instruments must be presented and documented at issuance. Documentation of identity at issuance is entered into the system. The proof will print on the issuance label which is placed in the medical record. See "Certification and Management" section, "WIC Eligibility Requirements." For handwritten food instruments, the proof code must be written on the stub.
3. All eligible persons must be assigned an issuance date and all household members must have coordinating dates. This date remains the same through the person's continuous participation in WIC. See "Putting Household Members on the same Issuance," and "Assigning Issue Dates" in this section.
4. Eligible persons may receive a food package for each month of eligibility in their certification period provided all Program rules are met. At issuance, a participant may receive a maximum of three (3) full month's packages or a combination of one (1) partial package and up to two (2) full packages at one time. A partial package is issued to coordinate/catch up household members so all household members have the same issue date.
5. Handwritten food instruments must have a "first day to use" and a "last day to use" and are good for a maximum of a month. For a participant's first month of issuance, less than a month may be issued to coordinate issue date with other household members. See "Putting Household Members on the same Issuance" in this section.
6. If the system is down or slow, participants in clinic shall be provided a minimum of one (1) month handwritten food instruments. All handwritten issuance must be entered into the system by the end of the day or when system access is available.
7. Food instruments must not be issued or handwritten in advance of the household's appointment and held for later issuance.
8. Food instruments shall not be withheld in order to provide other services.
9. Participants coming to clinic late to pick up food instruments may receive partial/reduced food package. See "Partial and Reduced Issuance."
10. Issuance must be documented in the person's medical records at the time of issuance and must include the months issued. For eWIC issuance, the system generates a label for placement in the chart. See "Online Produced Labels".
11. Documentation must be reviewed to determine if issuance is appropriate and is not being duplicated before subsequent issuance.
12. Each participant/caretaker/proxy shall sign for receipt of food instruments.
 - a. Handwritten food instruments are signed on the food instrument stub. The stub must be placed in the medical record on the WIC Issuance sheet (WIC-52). See "Issuance to Proxies" and "Forms and Food Instruments" in this section.
 - b. The PIN is the electronic signature for eWIC.

B. Food Package Issuance Policies

1. Types and quantities of foods are organized into food packages with a code for each package. The code is entered in the system and indicates an entire food package prescription and distribution of foods for handwritten food instruments.
2. Food packages must be prescribed by a health professional. See the Clinical Section, "WIC Policies for Prescribing Food Packages."
3. The prescribed food package must be appropriate for the age and status of the participant. See the Clinical Section, "Food Package by Status."
4. Infants must receive a standard contract brand formula package unless there is a documented medical reason. See the Clinical Section, "WIC Policies for Prescribing Food Packages."
5. Infant packages are age appropriate. The system automatically adjusts the package for the infant's age based upon date of birth, first full package issue month/date and status:
 - a. Up to six (6) months of age, formula only is issued;
 - b. Formula is increased/decreased;
 - c. At six (6) months of age, infant cereal, infant fruits and vegetables
 - d. Food instruments with a first day to use before the infant turns one (1) must be issued as an infant package. This package must be issued.
 - e. At 12 months of age, food instruments issued with a first day to use after age one (1) must be a child food package. This change is made in a recertification or an Infant/Child Transfer (ICT). Refer to Certification and Management, "Status and Priority" and "Screens," WIC ICT Screen.
6. A fully breastfed infant is prescribed a BF1 package.
7. For all participants:
 - a. Enter identity proof code for person picking up food instruments. See "Proof Codes for Identity" in this section.
 - b. Verify the serial number on the food instrument is the same as the number on the screen.
 - c. Verify the proper number of months and the proper food package was issued.
8. An issuance label will be generated to be placed on the participant's CH-3. If the label does not print, it can be reprinted through CDP Report Viewer.

C. Handwritten Food Instrument Issuance. See "Forms and Food Instruments" in this section.

1. Remove the required number of food instruments from locked storage.
2. Complete the handwritten food instruments as follows:
 - a. Enter participant's name.
 - b. Enter Agency No. and Site No.

- c. Using the issue date.
 - d. Stamp designated area on each food instrument/cash value benefit with WIC agency stamp.
3. Enter the foods on each handwritten food instrument as the food prescription/distribution appears in the Clinical Section, "Food Package Distribution Charts."
4. Complete the stub for the handwritten food instruments as follows:
 - a. Date of issuance.
 - b. Participant's name.
 - c. Participant's ID Number.
 - d. "First day to Use" and "Last Day to Use."
 - e. Issuer's initials.
 - f. ID for FI PU proof code.
5. Obtain signature of person that is receiving the food instruments on the stub.
6. Attach the stub to the WIC Issuance sheet (WIC-52) in the participant's medical record.
7. Keep the NCR copy of the stub and use for posting the required information into the system by the end of the day, if the system is up. Otherwise post at the time system is operational.
8. To post handwritten food instruments use the following procedures:
 - a. On Portal, click FI/Card Range Search.
 - b. On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number from the dropdown, and click Search.
 - c. Search results return at the bottom of page. Click the edit icon (pencil and paper) for the food instrument range.
 - d. Food Instrument Block Detail page returns. To find a specific food instrument number, search for a specific number by entering the FI number in the Starting FI field and click Search, or click Search for Next Open FI, or scroll through the list of numbers.
 - e. In Status/Action column for the specific food instrument number, click the dropdown and select Issued.
 - f. Enter Patient ID number in Patient # field.
 - g. Enter First and Last Valid Date.
 - h. Click Save.
 - i. If information is accepted, a "Saved" message appears at the bottom of the page. A green check also appears at the end of the row.

9. When issuance is posted to the FI/Card Range Search screen, fill in the NCR copy of the stub as follows:
 - a. Date posted.
 - b. Initials of person posting issuance.
10. Retain NCR copy of the stub for six (6) months, then destroy.

ISSUANCE TO PROXIES

Proxies are allowed to pick up food instruments with authorization from the participant or parent/caretaker. See Certification and Management, "Use of Proxies."

1. In order to issue to a proxy, a properly completed WIC Proxy Authorization form must be in the Medical Record. See Proxies in the Certification and Management Section.
2. Names of persons authorized as proxies may be recorded on the WIC cardholder. See Certification and Management, "Forms and Supporting Information."
3. Proxies must present proof of identity at issuance of food instruments, and the type of proof must be documented. See "Food Instrument/Cash Value Benefit Issuance" in this section.
4. Proxies must sign the stub(s) for receipt of handwritten food instruments.

REPLACING

A. General Policies

1. Food instruments may be replaced for:
 - a. A food package or formula change.
 - b. Food instruments damaged or destroyed. See “Lost, Stolen, Damaged or Destroyed Food Instruments” in this section.
 - c. Food instruments lost or stolen. See “Lost, Stolen, Damaged or Destroyed Food Instruments” in this Section.
 - d. Other situations that affect the participant receiving the issued food, such as a change in a child’s custody; i.e., mother’s custody to fathers, move of infant/child to foster care.
2. Formula that was purchased and is no longer appropriate for the participant must be returned to the site. An inventory of returned formula must be maintained. Refer to “Returned Formula Requirements” in this section.
3. Replacement issuance shall replicate the issue month and issue date. All replacement issuance must be documented in the participant’s medical record.
4. For handwritten food instruments: Review to determine if food instrument has been cashed.
 - a. Handwritten food instruments that are not usable must be returned to the site, if possible.
 - b. Handwritten food instruments may be unusable because the food package or formula is no longer appropriate or they have been damaged.
5. See the CMS Manual for “Replacing a Food Package with the Same Food Package” and “Replacing a Food Package with a Different Food Package”.

B. Replacing for Formula Changes

1. The system will not issue replacement food for an infant food package after the infant status has turned one year of age. The benefits must be replacement with handwritten food instrument in this situation. Refer to Certification and Management, “Status and Priority,” “Infant/Child Transfer.”
2. Only unused formula is returned:
 - a. Document on the CH-3A in the participant’s medical record that formula was returned, the quantity returned, and the reason for the return.
 - b. A health professional must prescribe the food package for a formula change. Refer to “WIC Policies for Prescribing Food Packages”, “Policy Regarding the Return and Re-issuance of Formula for Infants” and Food Package III” and “Formula Package Codes by Company” in the Clinical Section.
 - c. If the replacement is done on a day other than the original issuance, report an issuance code of WO209.
 - d. The system will automatically calculate the appropriate quantity of formula to be issued.

3. Unused formula and/or unused food instruments are returned:

- a. Document on the CH-3A in the participant's medical record the quantity of returned formula and unredeemed foods or unused handwritten food instruments, and the reason for return.
- b. Void all the unredeemed formula or unredeemed handwritten food instruments. Document the reason for the void.
- c. A health professional must prescribe the food package for a formula change. Refer to "WIC Policies for Prescribing Food Packages", "Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III" in the WIC Clinical Section.
- d. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen.
- e. The system will automatically calculate the appropriate quantity of formula to be issued. See CMS User Guide for Replacing WIC Foods. For handwritten food instruments refer to "WIC Policies for Prescribing Food Packages", "Policy Regarding the Return and Reissuance of Formula for infants and Food Package III" in the WIC Clinical Section.

C. Replacing Food Instruments Lost, Stolen, Damaged or Destroyed

1. Document on the CH-3A in the participant's medical record that food instruments were reported lost, stolen, or destroyed or damaged food instruments were returned and the reason for replacement. See "Lost, Stolen, Damaged or Destroyed Food Instruments" in this section.
2. Void lost, stolen, damaged and destroyed food instrument with the void reason.
3. If the replacement is done on a day other than the original issuance, report an issuance code WO209 on the Encounter Entry Screen.
4. See the CMS User Guide for Replacing WIC Foods. For handwritten food instruments refer to "WIC Policies for Prescribing Food Packages", "Policy Regarding the Return and Reissuance for Formula for infants and Food Package III" in the WIC Clinical Section.

D. Other situations may occur after food instruments have been issued that will affect the participant receiving the food, such as removal of a child from the home into foster care or when another parent/caretaker other than the one who received the food instruments obtains custody of a child. These situations will be handled on an individual basis with consideration of the specific circumstances.

The following general guidance applies:

1. Using the best judgment, determine food instrument to be replaced.
2. Void the remaining foods from the original issuance or the handwritten food instruments.
3. Issue the appropriate food items/handwritten food instruments.
4. For handwritten food instruments: Send a letter to the person who originally received the food instruments informing them to not cash the voided food instruments.

RETURNED FORMULA REQUIREMENTS

1. Formula that was purchased and not used or is no longer appropriate for the participant must be returned to the site.
2. An inventory of all returned formula must be maintained by each site.
3. The inventory should include:
 - a. Date the formula was received in the site.
 - b. Name of the formula.
 - c. Can size.
 - d. Quantity of formula received.
 - e. Type of formula (powdered, concentrate, ready-to-feed).
 - f. Expiration date.
4. When formula is issued or dispensed, the inventory must include:
 - a. Date the formula is dispensed.
 - b. Formula dispensed.
 - c. Quantity dispensed.
 - d. Who formula was issued to or how it was dispensed.
 - e. Initials of the staff dispensing the formula.
5. There must be an inventory form to document the required information. A sample inventory form is included in this section in "Forms and Food Instruments".
6. All returned formula must be kept secure and should be stored in one location.
7. Use of returned WIC formula is restricted. Formula returned to the clinic can only be provided to WIC participants with extenuating circumstances, given to another WIC agency that needs the formula for a participant, donated to a charitable organization (food bank, etc.) or disposed of due to being past the expiration date. The inventory must document the specific disposition of each can of formula.
8. When formula is returned, the quantity returned and the reason is returned must be documented in the participant's medical record.
9. When formula in inventory is given to a WIC participant, the quantity and type of formula must be documented in the participant's medical record.
10. Since formula has an expiration date, ensure expired formula is not provided to participants or donated. Formula past the expiration date must be disposed of.

MAILING/UPLOADING OF BENEFITS


The WIC Program does not advocate routine mailing of food instruments or uploading of EBT benefits to the participant's account. However, there may be instances when this is desirable and/or necessary.

1. Mailing of food instruments or uploading of EBT benefits on an individual participant basis shall be permitted if:
 - a. If the participant is eligible and has completed online nutrition education. See section: Clinical Nutrition and Breastfeeding Support, Online Follow-up Nutrition Education Counseling.
 - b. The participant/caretaker cannot come to clinic due to:
 1. Disability
 2. Illness
 3. Nearness to termination of pregnancy
 4. Inclement weather
 5. Distances to travel
 6. High cost of travel
 7. Inability to get to the agency during business hours
 8. Other
 - c. It is the health professional's discretion as to how many months of benefits are provided (1, 2, or 3 months), but the number of months should be taken into consideration and other service needs and/or appointments.
2. Mailing of food instruments or uploading of EBT benefits on a site/clinic wide basis is permitted if the site/clinic's computer system is not operational for an extended period of time; i.e. several hours.
3. Documentation requirements:
 - a. The reason for mailing the food instruments or uploading of EBT benefits, the month(s) of issuance and the date the food instruments were mailed or benefits were uploaded must be documented in the patient's medical record.
 - b. The Household WIC Shopping List should be mailed. To protect privacy, the WIC Benefit List should not be mailed.
 - c. An entry that the handwritten food instruments were mailed must be made on the food instrument/cash value benefit stub that they were mailed.
 - d. Proof of identity should be coded as "other" code 50.
 - e. An envelope that is used to mail food instruments and cash value vouchers must include the local agency return address.

VOIDING

Voiding is the process to account for a good benefit issuance that is not usable. Benefits may be unusable for a number of reasons, such as a food package that is no longer appropriate, a handwritten food instrument or EBT card that is lost or stolen, or damaged. Voiding ensures accountability and provides accurate participation counts.

A. General Policies

1. Any handwritten food instrument that is unusable must be voided.
2. Handwritten food instruments or food benefits must be voided at the time they are determined to be unusable.
3. For voiding of EBT benefits, see the CMS User's Manual "Void Benefits."
4. Any issued handwritten food instrument returned unused by the participant must be voided.
5. Each site must have a void stamp. This stamp is available from the State WIC Office.
6. Voided handwritten food instruments must be submitted weekly to the State WIC Office for processing using the Local Agency Batch Control Form. See "Forms and Food Instruments" in this section.
7. Each food instrument assigned to a site must either be in the site inventory as unused, be issued with a signature on the food instrument stub verifying receipt, or be voided.
8. The situation surrounding the voiding of food instruments or food benefits must be documented in the participant's medical record.
9. For voiding Handwritten Food Instruments:
 - a. Document the situation in the participant's medical record.
 - b. Stamp the actual food instrument with the void stamp if the food instrument is available. Do not stamp on or over the MICR line (line of numbers at the bottom of the food instrument).
 - c. Void handwritten food instruments in the CMS system by:
 1. On Portal, click FI/Card Range Search.
 2. On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number, and click Search.
 3. Search results return at bottom of page. Click the edit icon (pencil and paper ) for the food instrument range.
 4. Food instrument Block Detail page returns. To find the FI number to void, search for the specific number by entering the FI number in the Start FI field and click search or scroll through the list of numbers.
 5. In Status/Action column for the specific food instrument number, click the dropdown and select Void.

6. The Void Date/Reason fields open.
7. Enter the void date and select the void reason from the dropdown list.
8. Click Save.
9. If information is accepted, a “Saved” message appears at the bottom of the page. A green check also appears at the end of the row.

B. Submitting Voided Handwritten Food Instruments

1. Ensure all unusable/invalid food instruments have been stamped with the Void stamp.
2. Send all voided food instruments to the State WIC Office once a week with a WIC-31 (Batch Control Form). The agency/site should make a copy of the WIC-31 for documentation. See “Forms and Food Instruments” in this section. Do not staple or spindle food instruments.

LOST, STOLEN, DAMAGED OR DESTROYED FOOD INSTRUMENTS

- A. Food instruments (eWIC card, CVB, handwritten) mailed from the State WIC Office and never received by the agency/site:
 - 1. If ordered food instruments have not been received in a reasonable time, contact the State WIC Office or the WIC Help Desk.
 - 2. The State WIC Office will investigate and advise the agency/site of appropriate action.
- B. Food instruments (eWIC card, CVB, handwritten) lost, stolen, damaged or destroyed at the agency/site (stolen from agency/site, water/flood damage, fire, etc.)
 - 1. Identify and prepare a list of all food instrument numbers lost, stolen, damaged or destroyed.
 - 2. Contact the State WIC Office or the WIC Help Desk immediately and report the following:
 - a. The situation (lost, stolen, damaged, destroyed).
 - b. Serial numbers of all affected food instruments.
 - c. Total number of affected food instruments.
 - 3. For lost, stolen, damaged or destroyed food instruments, enter the appropriate void reason code.
 - 4. If food instruments reported lost or stolen are located, immediately contact the State WIC Office or WIC Help Desk. The State WIC Office will advise the agency/site of necessary action.
- C. eWIC cards Reported Lost or Stolen
 - 1. It is the responsibility of the participant, parent/caretaker or legal representative to report the eWIC card lost or stolen.
 - 2. Replacement and transfer of remaining food benefits to a replacement card must be done as soon as possible to afford time for the participant, parent/caretaker, or legal representative to obtain WIC benefits for the month.
 - 3. All applicants and participants, or their parent/caretaker or legal representative, must be informed of their WIC Rights and Responsibilities and the need to protect the card at all times and shall be provided information that selling or offering to sell WIC benefits including, eWIC cards, CVB, and/or supplemental foods in person, in print or on-line is a participant violation.
 - 4. The local agency will need to determine if additional research is needed to rule out any program abuse concerns. See Certification and Management Section, "Participant Abuse."
 - 5. Upon receipt of a card reported lost or stolen:
 - a. Perform a household search and deactivate the reported card assigned to the household.
 - b. Verify the cardholder's address;
 - c. Issue the replacement card;
 - d. The agency must verify that the benefits have appropriately transferred to the replacement card;
 - e. Print a current WIC shopping list;

- f. Documentation of the card replacement and action taken must be maintained in the medical record.
- D. System Reasons for eWIC Card Replacement/Deactivation:
 - 1. Damaged - A card that has been reported damaged and will be replaced or deactivated
 - 2. Lost –A card that has been reported lost and will be replaced or deactivated
 - 3. New Association – A new card assigned to a new Household
 - 4. New Household – A participant or existing member that has been placed in a new household.
 - 5. Not Available – N/A (DO NOT USE)
 - 6. Replaced – N/A (DO NOT USE)
 - 7. Returned – An active/non-active card that is returned to the clinic or State WIC Office
 - 8. Stolen – A card that has been reported stolen that will be replaced or deactivated
 - 9. Stop Access – N/A (DO NOT USE)
 - 10. Undeliverable – Card mailed to participant returned as unable to deliver
- E. Replacing Food Instruments in the Case of Disaster
 - 1. Replace the eWIC card for unredeemed valid benefits for Kentucky participants from areas impacted by disaster when the card is lost or destroyed.
 - 2. Foods that have already been purchased and are destroyed, damaged, or contaminated cannot be replaced. Refer to the WIC and Nutrition Manual, Food Delivery, Emergency Situations for additional guidance.
- F. Damaged Food Instruments (eWIC card, CVB, handwritten):
 - 1. A eWIC card that is determined to be damaged shall be replaced.
 - 2. Handwritten food instruments damaged and on hand, after issuance to a participant and prior to redemption:
 - a. Determine the first day to use on the lost or stolen food instrument(s)/cash value benefit(s).
 - b. Document instance of damaged food instrument(s) in the participant's medical record.
 - c. Void the specific food instrument in the system and document on the food instrument stub.
 - d. Reissue appropriate number of food instruments. See "Replacing Food Instruments" in this section.
- G. Handwritten food instruments lost, stolen, or destroyed after issuance to a participant and prior to redemption:
 - 1. Determine the first day to use on the lost or stolen food instrument(s)/cash value benefit(s).
 - a. Food instruments with a current first day to use can be replaced after a reasonable attempt to verify the food instrument(s)/cash value benefit(s) has not been redeemed.
 - b. Food instruments with a first day to use in the future can be replaced following procedures in this section.

2. Document report of lost, stolen or destroyed food instrument(s) in the participant's medical record.
3. Void the specific food instrument in the system and document on the food instrument stub.
4. Reissue appropriate number of food instruments. See "Replacing Food Instruments" in this section.
5. Inform the participant/caretaker of the following:
 - a. If the food instrument(s) is found, it must be returned to the agency/site.
 - b. Cashing a food instrument(s) reported lost or stolen or destroyed that is replaced is considered a program violation and could result in a warning, suspension or termination from the Program. See Certification and Management Section, "Participant Abuse."

AUTOMATIC TERMINATIONS

The system performs automatic terminations in specific situations. Automatic Terminations are processed on a weekly basis.

1. Automatic terminations are performed for:
 - a. All patients who are categorically ineligible (women that are six (6) months postpartum, breastfeeding women that are one (1) year from infant's birth and children that are five (5) years old).
 - b. All enrollees that have not received food instruments within two (2) months from expiration date (last day to use) of last set of food instruments issued.
2. A termination is done when the Action Due Date is earlier than or the same as the date of weekly automatic terminations is processed.
3. The weekly process produces:
 - a. A "T" label for each participant for placement in each medical record; and
 - b. A report listing participants that were terminated.
4. Participants whose next action due is termination receive all benefits due within a first day to use prior to the termination due date.
5. Other terminations must be done by clinic staff. The reason for termination must be documented in the participant's medical record.

EMERGENCY SITUATIONS

Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Instruments and/or WIC foods due to the weather situations. The following procedures apply to these situations:

1. eWIC Card Has Been Destroyed:
 - a. Void the card and reissue the unredeemed benefits for the current month and for up to two (2) months in the future, as appropriate.
 - b. Follow the guidance in the KY CMS User Manual for Food Package Replacement and Voiding Benefits.
2. Handwritten Food Instruments for an entire month have been destroyed:
 - a. An entire month of unexpired WIC food instruments that have been destroyed can be replaced for all women, infants and children.
 - b. Refer to the procedures in “Lost, Stolen, Damaged or Destroyed Food Instruments” in this section for guidance in voiding the food instruments.
 - c. Replace all of the food instruments. When replacing an infant’s food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the package based upon the individual needs (e.g. contaminated water supply and refrigeration) of the infant. Refer to the Clinical Section, “WIC Policies for Prescribing Food Instruments.”
3. Handwritten Food Instruments for a partial month have been destroyed:
 - a. A partial month of unexpired WIC food instruments that have been destroyed can be replaced for all women, infants and children.
 - b. Review the benefits remaining to determine which foods need to be replaced. Refer to the procedures in “Lost, Stolen, Damaged or Destroyed Food Instruments” in this section for guidance in voiding the food instruments.
 - c. Replace all of the food instruments. When replacing an infant’s food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the food package based upon the individual needs (e.g.. contaminated water supply and refrigeration) of the infant.
4. Foods that have been purchased and the foods that have been destroyed or contaminated:
 - a. WIC Foods that have been destroyed or damaged due to the weather conditions cannot be replaced. The Federal Regulations do not allow for over issuance of the food package.
 - b. All women and children in this situation should be directed to the local food distribution centers that are providing food.
5. Sanitation is a major concern to prevent outbreaks of illness during times of emergencies. Contact the Food Safety Branch for assistance regarding food safety issues.
6. Other situations will occur during times of emergencies, contact the State WIC Office for guidance.

Emergency situations can occur whenever WIC benefits or the WIC certification system is unavailable to a participant, clinic or retailer for use to issue or redeem WIC benefits.

1. **If a KY WIC clinic** is unable to access the KY WIC certification system or issue WIC benefits because of a natural disaster or a prolonged system outage the clinic should follow their county's health department disaster plan that shall include plans for issuing KY WIC handwritten food instruments until a viable plan to access the WIC system is available. Each clinic in conjunction with their health clinic shall keep on file accessible for review by KY WIC Program Operations Personnel a disaster/prolonged outage plan to ensure continued access to KY WIC benefits. A clinic must have a plan to assure an adequate supply of handwritten food instruments are available to issue at least one (1) month of benefits to those seeking KY WIC issuance. The plan shall include a method to determine an amount of ready-to-feed formula to provide to participants when potable water is not available. It might also include a plan to issue KY WIC from neighboring counties KY WIC clinics or mobile health clinics that have access to the KY WIC online system. A plan should also contain continual contact with the KY WIC Help Desk for any assistance needed. The Help Desk number is accessible 24 hours a day at (877) 597-0367.
2. **If a KY WIC participant** is unable to access benefits with the Food Instruments provided because of a natural disaster or a prolonged system outage issue they should be instructed to contact first the county from which benefits have been provided or if their issuing county is unavailable they should contact the KY WIC Help Desk for further instructions to get access to KY WIC benefits. A clinic should follow replacement procedures contained within this section.
3. **If a KY WIC Retailer** is unable to accept eWIC benefits because of a natural disaster or prolonged system outage they should be instructed to contact KY WIC's EBT processor, Custom Data Processing (CDP) at (866) 237-4814 or contact the WIC Help Desk number for further instructions.

FORMS AND FOOD INSTRUMENT SCREENS INDEX

	<u>Page</u>
WIC Program Local Agency Batch Control Form	34
Monthly Count of Unused Food Instruments Inventory Form	36
WIC Issuance Sheet (WIC-52)	37
Handwritten Food Instruments	38
Example of Handwritten Food Instruments	39
Sample Notice to Participate Regarding Replacement Card Issuance	40
Example of eWIC Card	41
Example of eWIC Card Sleeve	42
WIC Approved Food List (WIC-40)	43
Formula Inventory Form	44
a. Formula Inventory Received	45

WIC PROGRAM LOCAL AGENCY BATCH CONTROL FORM

When To Use:	Use form when sending voided handwritten food instruments to the State WIC Office. Submit voids on a weekly basis.
Instructions:	<ol style="list-style-type: none"> 1. Agency Name: the name of the agency or site. 2. Health ID Agency No.: the agency health ID number. 3. Location Clinic No.: the clinic ID number. 4. Batch Control No.: the batch number beginning with 0001. 5. Number Sent: the number of voided handwritten food instruments sent to the State WIC Office. The maximum amount to be submitted with any batch is 100. 6. Date Sent/Initials: the date sent to the State WIC Office and the initials of the person completing the form. 7. Number Received: the number received by the State WIC Office. 8. Date Processed: the date the State WIC Office processed the batch of handwritten food instruments. <p>NOTE: Copy WIC-31 form as needed. A revised copy of the WIC-31 can be obtained from the WIC Help Desk.</p>
Disposition:	File returned original WIC-31.
Retention:	Retain form for six (6) months.

WIC PROGRAM LOCAL AGENCY BATCH CONTROL FORM

AGENCY NAME _____

HEALTH ID/AGENCY NO. LOCATION CLINIC NO. BATCH CONTROL NO.

--	--	--

--	--	--	--

--	--	--	--

NUMBER SENT (Max=100 batch)	DATE SENT/INITIALS	NUMBER RECEIVED	DATE PROCESSED

MAIL TO:

BATCH CONTROL
WIC PROGRAM
DIVISION OF ADULT AND CHILD HEALTH
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KY 40621-0001

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS INVENTORY FORM

Purpose: To account for all unused food instruments/cash value benefits and eWIC cards in inventory. Copy this form as needed.

- Instructions:**
- From the portal menu, select “FI Range Search.” Select appropriate clinic from the drop-down menu. Leave “Bank Account” drop-down menu blank, and select Search.
 - Food instrument account numbers issued to the clinic will appear.
 - Verify the number of food instruments/cash value benefits in this inventory is correct by physically counting all food instruments/cash value benefits on hand.
 - Verify the number of eWIC cards on the Clinic Inventory Sheet.
 - Account for all food instruments/cash value benefits and eWIC cards.
 - Report discrepancies to the State WIC Help Desk.
 - Attach a copy of the Food Instrument Range Screen and a copy of the eWIC Card Inventory spreadsheet to this form for documentation.

Type of Food Instrument/ Cash Value Benefit	# FI Range Screen	# Per Physical Count	# Difference	Action Taken
Handwritten CVB				
Handwritten – Infant				
Handwritten – Woman/Child				
Farmers Market Nutrition Program				
Type of Food Instrument/ Cash Value Benefit	# On Excel Spreadsheet	# Per Physical County	# Difference	Action Taken
eWIC Cards				

Comments: _____

Count Done By: _____

This count must be done by someone that does not issue food instruments/cash value benefits.

Date of Count: _____

WIC ISSUANCE SHEET (WIC-52)

Purpose:	Used to retain and organize handwritten food instrument stubs in the medical record to document receipt by the participant, caretaker, or proxy.
When To Use:	Each time handwritten food instruments are issued.
Instructions:	Remove the tape strips to expose adhesive and apply food instrument/cash value benefit stubs to the sheet. Remove strips in numerical order to fill the sheet.
Disposition:	Retained in the medical record.
Retention:	Per medical record requirements. See the AR for retention.
Ordering:	Order on CDS 880 screen – Want to Order WIC Forms and Supplies

The image shows a template for the WIC-52 Issuance Sheet. It is a rectangular sheet with the title "WIC ISSUANCE" at the top center. Below the title, there is a grid of 12 numbered boxes arranged in two columns and six rows. The numbers are: 11 and 12 in the first row, 9 and 10 in the second row, 7 and 8 in the third row, 5 and 6 in the fourth row, 3 and 4 in the fifth row, and 1 and 2 in the sixth row. The boxes are intended for pasting food instrument stubs. In the bottom right corner, there is a small label "WIC-52".

HANDWRITTEN FOOD INSTRUMENTS

Purpose:	To provide supplemental food to eligible participants.
When To Use:	Use for issuance to participants.
Instructions:	<p>For specific information, refer to Food Instrument Issuance.</p> <p>Each issued food instrument must have the following entered by hand:</p> <ol style="list-style-type: none"> 1. "First day to use" and "Last day to use." Must match household issue date. 2. Participant name. ID number field is completed with "X"s. 3. Agency and site number. 4. The prescribed food package. 5. Agency stamp. <p>Each stub for issued food instruments must have the following done by hand or printed by the system:</p> <ol style="list-style-type: none"> 1. Date issuance is done. 2. Participant name and ID number. 3. Valid dates (first date to use and last day to use). 4. Serial number(s) issued. 5. Initials of issuing staff. 6. Code for the type of proof of identity presented by the person picking up the food instrument(s)/cash value benefit(s). 7. Signature of person receiving/cash value benefit(s).
Disposition:	<p>Completed food instruments are given to participant.</p> <p>Completed stub must be filed in the medical record on the WIC-52.</p> <p>Handwritten and preprinted food instrument/cash value benefit issuance must be posted to the system.</p> <p>NCR copy is used for posting issuance.</p>
Retention:	<p>Original stubs are retained per medical requirements.</p> <p>NCR copy is retained for six (6) months.</p>
Ordering:	Order on CDS 880 screen – Want to Order Food Instruments/Cash Value Benefits Types.

EXAMPLES OF HANDWRITTEN FOOD INSTRUMENTS

HANDWRITTEN FOOD INSTRUMENT WOMAN/CHILD WITH STUB

QTY.	UNIT	APPROVED ITEM	NAME OF PARTICIPANT			Handwritten Woman or Child
			LAST	FIRST	MIDDLE	
	Gal.	Milk (specify)				9721981
	1/2 Gal.	Milk (specify)				
	qt.	Milk (specify)				
	Box(s)	9.6 oz. Nonfat Dry Milk				
	Ounces	Cheese/Tofu				
	Ounces	Cereal				
	Container	46-16/12/11.5 oz. Juice				
	Container	64 oz. Juice				
	Dozens	Eggs				
	16 Cans	Beans/Baked Beans (must state unit)				
	Jar	18 oz. Peanut Butter				
	Pkg.	14 oz. or 16 oz. Brown Rice				
	Pkg.	16 oz. Bread/Tortilla				
	Pkg.	12 oz. Bread				
	Pkg.	24 oz. Bread				
	Ounces	Fish				

Not Negotiable Unless WIC Agency Stamp is Here

Deposit Within 60 Days of First Day to Use

Not Negotiable Unless KY WIC Vendor Stamp is Here

PAY EXACTLY \$

KENTUCKY WIC PROGRAM

SIGN BELOW AT GROCERY STORE

Date: _____

Handwritten Woman or Child

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

ID FOR FI PU _____

I have received food instrument number 9721981

Account No. 1246852

HANDWRITTEN FOOD INSTRUMENT WOMAN/CHILD WITH STUB

QTY.	UNIT	APPROVED ITEM	NAME OF PARTICIPANT			Handwritten CVB
			LAST	FIRST	MIDDLE	
	\$6.00	FRESH FRUITS AND/OR FRESH VEGETABLES AMOUNT NOT TO EXCEED				8572576
	\$8.00					
	\$10.00					
	\$15.00					

Not Negotiable Unless WIC Agency Stamp is Here

Deposit Within 60 Days of First Day to Use

Not Negotiable Unless KY WIC Vendor Stamp is Here

PAY EXACTLY \$

KENTUCKY WIC PROGRAM

SIGN BELOW AT GROCERY STORE

Date Issued: _____

Handwritten CVB

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

ID FOR FI PU _____

I have received food instrument number 8572576

Account No. 1246599

HANDWRITTEN FOOD INSTRUMENT INFANT WITH STUB

QTY.	UNIT	APPROVED ITEM	NAME OF PARTICIPANT			Handwritten Infant
			LAST	FIRST	MIDDLE	
	Box	8 oz. Infant Cereal				8691126
	Jar(s)	4 oz. Infant Fruits and/or Infant Vegetables				
	Jar(s)	2.5 oz. Infant Meals				
	Cans(s) 13 oz.	Iron Fortified Formula (Specify)				
	32 oz. Qt.					
	Cans(s) 12.4 oz.					
	Cans(s) 12.7 oz.					
	Cans(s) 12.9 oz.					
	Specify Size	Formula (Specify)				

Not Negotiable Unless WIC Agency Stamp is Here

Deposit Within 60 Days of First Day to Use

Not Negotiable Unless KY WIC Vendor Stamp is Here

PAY EXACTLY \$

KENTUCKY WIC PROGRAM

SIGN BELOW AT GROCERY STORE

Date issued: _____

Handwritten Infant

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

ID FOR FI PU _____

Food Package Code _____

I have received food instrument number 8691126

Account No. 1246844

**SAMPLE NOTICE TO
PARTICIPANT REGARDING
REPLACEMENT CARD
ISSUANCE**

NOTICE TO PARTICIPANT REGARDING REPLACEMENT CARD ISSUANCE

(Use local agency letterhead)

TO: (Cardholder Member Name, HH#)
(Address)
(City), Kentucky (Zip Code)

Date: _____

Enclosed is the replacement eWIC card for the card you reported as lost/stolen on _____.

As a reminder, please be responsible with your card. The eWIC card should be maintained in a safe and secure manner and the PIN number should be kept private. Your card is reusable and should not be thrown away.

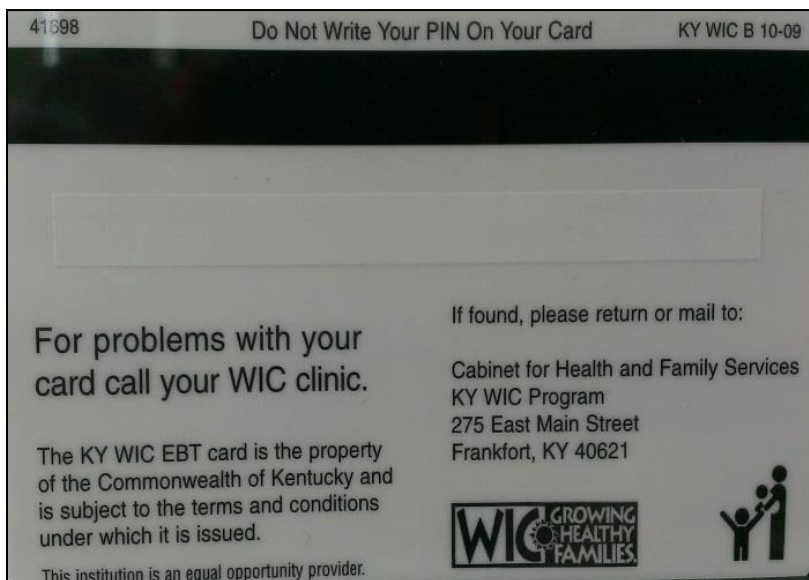
If you have any questions please contact: _____.

Sincerely,

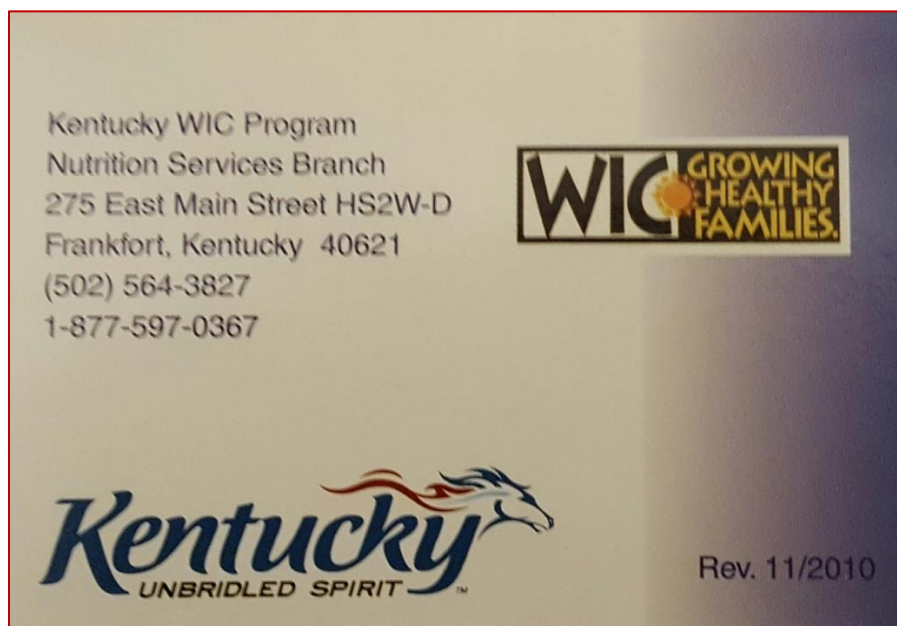
(WIC Coordinator or Local Official)

***Letter may be modified for local agency needs.*

EXAMPLE OF eWIC CARD

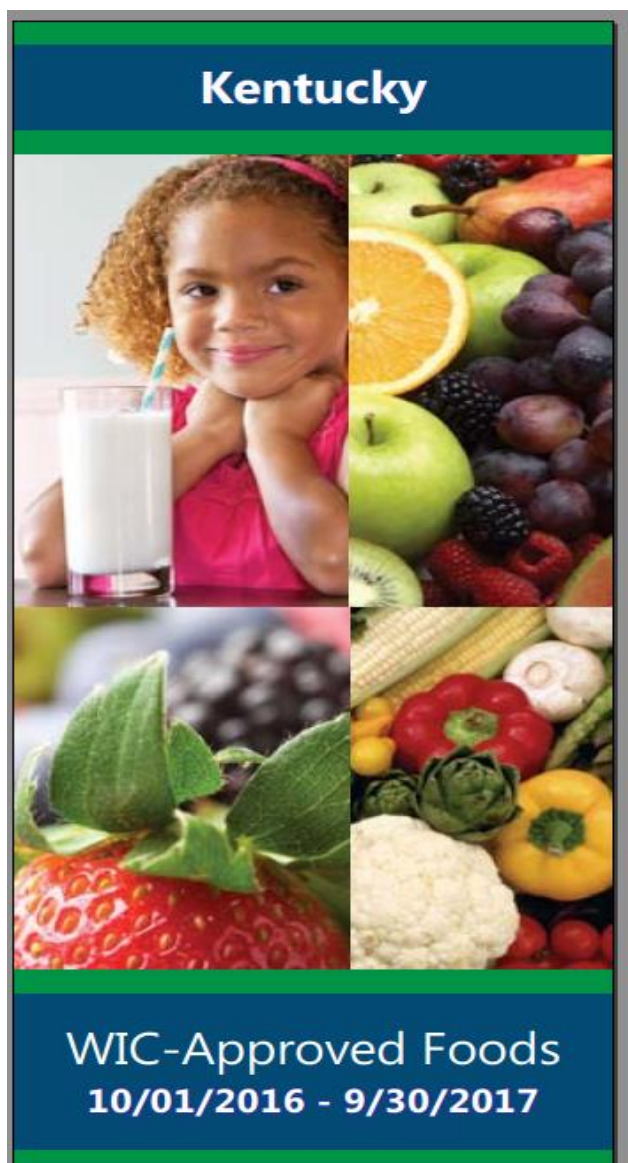


EXAMPLE OF eWIC CARD SLEEVE



WIC APPROVED FOOD LIST WIC-40

Purpose:	To inform participants of WIC approved foods.
When To Use:	At initial certification and issuance, when approved foods change and as needed.
Instructions:	Give to participant/caretaker.
Language:	English and Spanish versions are available.
Ordering:	Order from the Pamphlet Library.
Effective Date:	Usually October 1 st . Revised when necessary.



FORMULA INVENTORY FORM

Purpose:	For inventory of all formula returned to the site and issuance or disposal of returned formula.
When To Use:	Ongoing for formula returned and formula dispensed.
Instructions:	<p>It is recommended to use 1 sheet per Formula Brand and Type and Form</p> <ul style="list-style-type: none"> • Formula Name: specific brand and name of formula being returned or dispensed, (ex. Gerber Good Start Gentle) • Date: the date the formula was received or dispensed • Action: Indicate if formula is being Received or Dispensed • Product Form (Type): Indicate the form of formula returned (Powder, Concentrate or RTF) • Can Size: the size of the can, typically in ounces • Amount: the amount of formula that is returned or dispensed • Expiration Date: the expiration date on the can of formula • Staff Initials: initials of the staff receiving or dispensing the formula. <p>NOTE: Copy Formula Inventory Form as needed.</p>
Retention:	Maintain documentation of formula inventory for one (1) year.

Formula Inventory Form

Name of Formula _____ *(Recommended: Maintain a separate sheet for each formula brand and type)*

Date	Action	Formula Name	Product Form (Type)	Can Size	Amount	Expiration Date	Patients Name/ Identifier	Balance On Hand	Staff Initials
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Dispensed		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						

ONLINE/BRIDGE PRODUCED LABELS INDEX

	<u>Page</u>
Registration Label	47
Certification Label	47
Fully Breastfeeding Infant Certification Only Label	47
Reinstatement Label	47
Termination Label	47
Benefit Issuance Label	48
Income Assessment Label	48
Infant To Child Transfer (ICT) Label	48

1. Label as a result of new Registration:

DEMO DALE E		07/31/2014	DED072014	
MR#			NOPP:	500
44 HILL STREET			PH#	(502) 227-2323
FRANKFORT, KY 40601				
DOB	07/20/2014	RC: W	FP RC: N/A	ETH: N SEX: M
ALT#		PRF: R: 09	I: 05 M:	K: F:
HM CONT: Yes		HOW:		(1)

2. Label as a result of a Certification:

DEBBIE L DEMO		D: 07/31/2014
ID: 778899665		DIC: 01/15/2013
ST: Child		PHY PR: YES
RISK: 114a, 114b, 201h	PR: 3A	CERT: 07/31/2014
FP: CB	ISSDAY: 25	RX EXP D:
		DUE: T-11/21/2014
		DEL D:

3. Label as a result of a Fully Breastfeeding Infant Certification Only:

DALE E DEMO		D: 07/31/2014
ID: DED072014		DIC: 07/31/2014
ST: Infant Fully Breastfed		PHY PR: YES
RISK: 142	PR: 1	CERT: 07/31/2014
FP: BF1	ISSDAY:	RX EXP D:
		DUE: R-7/21/2015
		DEL D:

4. Label as a result of a Reinstatement:

ACT/D: X-07/19/2016	
DEMO DAISY	
ID: DLD082813	DIC: 08/01/2014
ST: Child	CERT D: 07/19/2016
RISK: 121d, 114a, 201h	PR: 3A
FP: CB	ISSD: 19 DUE/D: Y-01/20/2017

5. Label as a result of a Termination:

ACT/D: T-07/31/2014	REASON: PARTICIPANT CHOICE	
DEMO DEBBIE		
ID: 778899665	DIC: 01/15/2013	
ST: Child	CERT D: 07/31/2014	
RISK: 114b, 114a, 201h	PR: 3A	
FP: CB	ISSD: 25	DUE/D: -

Label as a result of Benefit Issuance

ISSUANCE	DEBBIE L DEMO	D:	07/31/2014
ID:	778899665	RX EXP D:	
ID for PU	3	1st VLD DT	TYPE FP
BK ACT	HH#		
8888888	1394	07/25/2014	CB
8888888	1394	08/25/2014	CB
8888888	1394	09/25/2014	CB

6. Label as a result of Income Assessment

DEMO DALE E	07/31/2014	DED072014		
NAME	SOURCE	INCM	FQ	PRF
DEWEY DEMO	BIGG CONSTRUCTION	\$500.00	52	16
TOT ANNUAL INCOME:	\$26,000.00	PV 109.01%	WIC IEG Y	(4

7. Label as a result of Infant to Child Transfer (ICT)

ISSUANCE	DOLLY M DEMO	D:	08/04/2014
ID:	DMD081513	RX EXP D:	
ID for PU	3	1st VLD DT	TYPE FP
BK ACT	HH#		
8888888	1394	07/25/2014	NF3
8888888	1394	08/25/2014	CB
8888888	1394	09/25/2014	CB

SYSTEM REPORTS INDEX

Report Number	Title	Page
110, 111	7/30 Day Late Benefit Issuance Label	50
274	7 Day Late Benefit Issuance List	51
275	30 Day Late Benefit Issuance List	52
495	WIC Voter Registration Verification	53
562	Actions Due Listing	54
587	Automatic Terminations	55
588	Automatic Terminations Labels	56
1001	Possible Dual Participation in WIC	57
1596	Breastfeeding Statistics	59
1679	Patients on Breastfeeding Report	61
1902	Enrollment by Status and Priority	62
1925	Summary of Detail-Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods	63
1928	WIC Retail Volume	65
1930	WIC Participation Report by Priority/Status	67
1932	WIC Participant Detail Listing	69
1962	Medicaid and SNAP Recipients Not Enrolled in WIC	70
1964	Medicaid and SNAP Recipients Not on WIC Mailing Labels	71
1975	Waiting List by Priority	72
1976	Waiting List by Priority/Summary	73
1986	WIC Participation by Race/Status	74
1989	WIC Retailer Listing	76
2001	Breastfeeding Status Exceptions	77
	Instructions for E-Reports	78
	Web-Based System/Applications/E-Reports	80
	WIC User Authorization Form	81
	Autodialer	82

7/30 DAY LATE BENEFITS ISSUANCE LABEL

Report Title:	7/30 Day Late Benefits Issuance Label
Report Number:	Report 110 – 7 Day Report 111 – 30 Day
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of all eligible enrollees that have not received benefits in the last seven (7) or 30 days. Labels are generated based on names that appear in the corresponding seven (7) and 30 day late reports.
Actions to be taken:	Set printer properties compatible with label printer. Affix label to Reminder Postcard (WIC-51).
Explanation of Report:	Label with address containing the name of WIC participant that has missed picking up WIC food instruments.
Retention/ Disposal Period:	N/A

063063

Test Label
275 East Main Street, HS2WD
Frankfort, KY 40601


7 DAY LATE BENEFITS ISSUANCE LIST

Report Title:	7 Day Late Benefits Issuance List
Report Number:	274
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all eligible enrollees that have not received benefits in the last seven (7) days.
Actions to be taken:	This report is to be used to contact non-participants to urge their participation.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Number: the Household number 2. Participant ID: the participant's identification number 3. Participant name: the participant's name 4. FV Date of Last Benefit Issuance: the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period:	N/A

 <p>Report #0274</p>			
KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH WIC 7 DAY LATE BENEFIT ISSUANCE LIST			
1 → HH NUM	2 PARTICIPANT ID	3 PARTICIPANT NAME	4 FV DATE OF LAST BENEFIT ISSUANCE
Health Department: 063 - LAUREL COUNTY H. D.			
CLINIC ID: 063 - LAUREL			
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12
Clinic Total: 4			
Health Department Total: 4			
Report Total: 4			

30 DAY LATE BENEFITS ISSUANCE LIST

Report Title:	30 Day Late Benefits Issuance List
Report Number:	275
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all eligible enrollees that have not received benefits in the last 30 days.
Actions to be taken:	This report is to be used to contact non-participant to urge their participation.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Number: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. FV Date of Last Benefit Issuance: the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.


 Enterprise Health Systems
 Report #0275

KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH
WIC
30 DAY LATE BENEFIT ISSUANCE LIST

1 HH NUM	2 PARTICIPANT ID	3 PARTICIPANT NAME	4 FV DATE OF LAST BENEFIT ISSUANCE
Health Department: 063 - LAUREL COUNTY H. D.			
CLINIC ID: 063 - LAUREL			
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12
Clinic Total: 4			
Health Department Total: 4			
Report Total: 4			

WIC VOTER REGISTRATION VERIFICATION

Report Title:	WIC Voter Registration Verification
Report Number:	495
Frequency:	Monthly (available 1 st Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of all women participants age 18 years old or older that applied, transferred, or certified for WIC services during the month.
Actions to be taken:	This report should be used to verify that voter registration was offered to women 18 years old or older at WIC application, certification, and transfer. This report should be compared to the Voter Registration Rights and Preferences Form (WIC-53) file to ensure the women completed a WIC-53 form when voter registration was offered.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Number: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. DOB: the participant's date of birth. 5. Certification Date: the date of certification. 6. WIC Status: the status of the women at the certification date.
Retention/Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 495

Kentucky Department for Public Health
WIC Program
Voter Registration Verification
June 06, 2013

HH NUM	PARTICIPANT ID	PARTICIPANT NAME	DOB	CERTIFICATION DATE	WIC STATUS
Clinic: 002002 – ALLEN COUNTY H.D.					
5432	10234567	Charlene Brown	01/02/1988	05/28/2013	Pregnant
4567	76543201	Lucy C. Smith	03/04/1994	05/04/2013	Fully Breastfeeding
4543	45678012	Peggy B. Hill	04/08/1992	05/24/2013	Pregnant
6789	67890123	Roberta Green	06/12/1994	05/12/2013	Postpartum
Clinic Total: 4					
Report Total: 4					
Run Date/Time: 06/06/2013 – 03:38 PM					
Page 1 of 1					

ACTIONS DUE LISTING

Report Title:	Actions Due Listing
Report Number:	562
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report is a caseload management tool which lists participant recertification and termination actions that are due and overdue. The report must be worked on a weekly basis to decrease inactive enrollment and increase participation. Overdue actions indicate an inactive caseload which lowers the rate of participation to enrollment.
Actions to be taken:	<p>Use this report as a caseload management tool to investigate overdue actions.</p> <ul style="list-style-type: none"> • Contact all inactive people on the Actions Due Listing and offer program services. • Educate all participants on the health benefits of WIC, remaining on the Program and keeping recertification appointments. • Send a reminder notice to all participants that missed their appointments.
Explanation of Report:	<ol style="list-style-type: none"> 1. HH Number: the Household number. 2. Participant ID: the participant's identification number. 3. Participant Name: the participant's name. 4. WIC Status: the status of the women at the certification date. 5. Next Action Due: is the next action that should be performed for the participant. 6. Next Action Date: is the date the next action is due to be performed. 7. Appt Date: is the date of the participant's appointment. 8. Reasons: is the space for agency use to document resolution to the action due.
Retention/Disposal Period:	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 562		Kentucky Department for Public Health WIC Program Actions Due Listing Action Due Dates 5/16/2014 - 10/25/2014					
Clinic: <input style="width: 150px;" type="text"/>							
1 HH Num	2 Participant ID	3 Participant Name	4 WIC Status	5 Next Action Due	6 Next Action Date	7 Appt Date	8 Reasons
			Child	Recertification	10/23/14		
			Child	Recertification	10/23/14		
			Infant Fully Formula	Recertification	10/24/14		

Run Date/Time: 10/17/2014 10:59:12 PM
Page 3 of 3
Rev. 10/20/2014

AUTOMATIC TERMINATIONS

Report Title:	Automatic Terminations
Report Number:	587
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The report is a listing of all participants whose next action due is termination and the action date is on or before the report date <i>or</i> those who have not received food benefit issuance for two (2) consecutive months (60 days) from expiration date (last day to use) of last set of food instruments issued. The reason for termination is listed on the report as non-participation or categorically ineligible.
Actions to be taken:	Report should be used to document the termination of the participant. Print the automatic termination label and pull the participant's chart. Place the automatic termination label on the participant's service record (CH-3A).
Explanation of Report:	<ol style="list-style-type: none"> Patient #: the participant's identification number. Local User ID: clinics that assign chart numbers. Participant Name: the participant's name. Birth Date: participant's date of birth. Reason: reason for the automatic termination. Status: status of the participant. Last Issuance: first valid date of the last food benefits issued to the participant. Total Terminations: total number of participant automatically terminated.
Retention/Disposal Period:	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 587		Kentucky Department for Public Health WIC Program Automatic Terminations March 28, 2013				
Health Dept Location Clinic Site						
Patient #	Local User ID	Participant Name	Birth Date	Reason	Status	Last Issuance
02062011			02/06/2011	Non-Participation	Child	04/17/2012
08035191			08/03/1991	Non-Participation	Pregnant	10/22/2012
07187290			07/18/1990	Categorically Ineligible	Post Partum	11/28/2011
04745700			04/74/5700	Non-Participation	Child	12/26/2012
06282011			06/28/2011	Non-Participation	Infant Fully Formula	10/26/2012
08112011			08/11/2011	Non-Participation	Child	10/26/2012
08027199			08/02/1999	Categorically Ineligible	Post Partum	12/27/2012
10271994			10/27/1994	Categorically Ineligible	Post Partum	11/13/2012
01271894			01/27/1894	Categorically Ineligible	Post Partum	11/17/2011
11102011			11/10/2011	Non-Participation	Infant Fully Formula	10/14/2012
02052005			02/05/2005	Categorically Ineligible	Child	01/08/2013
07052009			07/05/2009	Non-Participation	Child	11/05/2012
11042011			11/04/2011	Non-Participation	Infant Fully Formula	10/18/2012
02141088			02/14/1088	Categorically Ineligible	Post Partum	02/05/2013
08182011			08/18/2011	Non-Participation	Child	11/07/2012
12081889			12/08/1889	Categorically Ineligible	Post Partum	11/21/2012
12081889			12/08/1889	Non-Participation	Pregnant	08/29/2012
02071065			02/07/1065	Categorically Ineligible	Partially Breastfeeding	05/11/2012
05031088			05/03/1088	Categorically Ineligible	Post Partum	01/20/2013
01102009			01/10/2009	Non-Participation	Child	10/27/2012
02092006			02/09/2006	Categorically Ineligible	Child	12/27/2012
12061087			12/06/1087	Categorically Ineligible	Post Partum	12/10/2011
12212011			12/21/2011	Non-Participation	Infant Fully Formula	12/01/2012
02182008			02/18/2008	Categorically Ineligible	Child	04/18/2012
02222012			02/22/2012	Non-Participation	Infant Fully Formula	12/27/2012
11161907			11/16/1907	Categorically Ineligible	Post Partum	02/22/2013
Total Terminations: 25						
Run Date/Time: 03/28/2013 - 01:17 AM		Page 1 of 1			Rev. 11/12/2012	

AUTOMATIC TERMINATION LABELS

Report Title:	Automatic Termination Labels
Report Number:	588
Frequency:	Weekly (available Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of all participants that have been automatically terminated due to non-participation or categorically ineligible. Labels are generated based on names that appear on the Automatic Terminations report.
Actions to be taken:	Set printer properties compatible with label printer. Affix label to participant's service report (CH-3A).
Explanation of Report:	Label with participant's information that has been automatically terminated.
Retention/Disposal Period:	Label is retained in the participant's service record (CH-3A).

ACT/D:	T-3/28/2013	REASON:	AT-Categorically Ineligible
NAME:			
ID:		DIC:	04/13/2012
ST:	Post Partum	CERT D:	09/28/2012
RISK:	133c, 311b, 201f	PR:	3B
FP:	PP2	ISSD	13
		DUE/D:	

POSSIBLE DUAL PARTICIPATION IN WIC

Report Title:	Possible Dual Participation in WIC
Report Number:	1001
Frequency:	Monthly
Distribution:	Obtain electronically through clinic site E-reports folder. Report is produced only if there are participant matches.
Description:	A detailed listing of potential dual participants in WIC. The participant name will appear as a possible dual participant if the system matches specific items. The items include: local health department identification code, participant's ID number, participant's name, gender, birth date and status. The appearance of a person's name on the Possible Dual Participation report does not mean that he/she is a dual participant.
Actions to be taken:	<p>Review all names appearing on the report. Investigate and take appropriate action as outlined in the <u>Participant Abuse</u> in the Certification and Management Section of the WIC and Nutrition Manual.</p> <p>Document action taken in the participant's medical record.</p>
Explanation of Report:	<ol style="list-style-type: none"> 1. HLS: local health department identification code. 2. Participant ID: participant's identification number. 3. Participant Name: participant's name. 4. Gender: gender of the participant. 5. Birth Date: participant's date of birth. 6. Status: status of the participant. 7. Certification Date: date the participant was certified. 8. First Valid Date: first valid date of the most recent WIC issuance.
Retention/Disposal Period:	If printed, shred or burn after report is worked.

Kentucky Department for Public Health
WIC Program
Possible Dual Participation in WIC
August 2014

Health Department:

Clinic ID:

1

HLS	Participant ID	Participant Name	Gender	Birth Date	Status	Certification Date	First Valid Date
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Fully Formula	12/20/2013	
305106			Male		Infant Fully Formula	12/20/2013	08/23/2014
037037			Female		Child	02/19/2014	08/03/2014
309074			Male		Child	08/21/2014	08/21/2014
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Partially Breastfed	02/26/2014	08/09/2014
084084			Male		Infant Partially Breastfed	02/26/2014	
037037			Male		Child	02/03/2014	
056056U			Male		Child	08/06/2014	08/06/2014

Run Date/Time: 09/15/2014 - 10:36 AM

Page 1 of 1

Rev. 3/18/2013

BREASTFEEDING STATISTICS

Report Title:	Breastfeeding Statistics
Report Number:	1596
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The report provides breastfeeding statistics for infants enrolled in the clinic. The statistics are provided by the number of weeks, number of infants, percentage of infants and percentage of all infants enrolled. The tables relate to any breastfeeding, currently breastfeeding, and currently/ever exclusively breastfed. Any breastfeeding statistics are provided by primary race and ethnicity.
Actions to be taken:	This report should be reviewed to determine current breastfeeding initiation and duration rates.
Explanation of Report:	<ol style="list-style-type: none"> 1. Total Number of Infants Enrolled: the number of infants enrolled in the WIC Program at the report site. 2. Any Breastfeeding: the amount of infants that initiated breastfeeding and continued to breastfeed at least one (1) time per day. 3. Number of Weeks: the number of weeks the infant is breastfed. 4. Number of Infants: the number of infants that breastfed. 5. % of Infants Ever Breastfed: the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants. 6. % of All Infants Enrolled: the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants. 7. Currently Breastfeeding: the amount of infants that are currently breastfeeding at this point in time. 8. Number of Weeks: the number of weeks the infant has currently been breastfeeding. 9. Number of Infants: the number of infants that are currently breastfeeding. 10. % of Infants Currently Breastfeeding: the percentage of infants that are currently breastfeeding, at this time, for the number of weeks based on the total number of infants that are currently breastfeeding. 11. % of All Infants Enrolled: the percentage of infants that are currently breastfeeding this point in time for the number of weeks based on all enrolled infants. 12. Currently/Ever Exclusively Breastfed: is the number of infants that currently or have ever only received breast milk with no supplementation of solid foods, formula, etc. 13. Number of Weeks: the number of weeks the infant has currently/ever been breastfeeding. 14. Number of Infants: the number of infants that are currently/ever breastfed. 15. % of Infants Exclusively Breastfed: is the percentage of infants that exclusively breastfed for the number of weeks based on total number of exclusively breastfed infants. 16. % of All Infants Enrolled: the number of infants exclusively breastfed for the number of weeks based on all enrolled infants. 17. Any Breastfeeding by Primary/Race/Ethnicity: the number of infants that initiated breastfeeding based on race/ethnicity. 18. Race: the race/ethnicity as categorized by USDA definitions and as entered into the system. 19. Number of Infants: the number of infants that are reported as any breastfeeding. 20. % of Infant Ever Breastfed: the percentage of infants that ever breastfed based on total number of infants that initiated breastfeeding.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

Clinic: 056056C - DIXIE HEALTH CENTER

Total Number of Infants Enrolled: 706

Any Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Ever Breastfed	% of All Infants Enrolled
< 4	157	39.45%	22.24%
4 - 11	80	20.10%	11.33%
12 - 23	71	17.84%	10.06%
24 - 35	44	11.06%	6.23%
36 - 51	44	11.06%	6.23%
>= 52	2	0.50%	0.28%
Total	398	100.00%	56.37%

Currently Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Currently Breastfeeding	% of All Infants Enrolled
< 4	5	2.81%	0.71%
4 - 11	28	15.73%	3.97%
12 - 23	58	32.58%	8.22%
24 - 35	41	23.03%	5.81%
36 - 51	44	24.72%	6.23%
>= 52	2	1.12%	0.28%
Total	178	100.00%	25.21%

Run Date/Time: 09/30/2014 - 07:27 AM

Page 1 of 2

Rev. 1/14/2013

Clinic: 056056C - DIXIE HEALTH CENTER

Total Number of Infants Enrolled: 706

Currently / Ever Exclusively Breastfed			
Number of Weeks	Number of Infants	% of Infants Exclusively Breastfed	% of All Infants Enrolled
< 12	95	64.63%	13.46%
12 - 23	32	21.77%	4.53%
>= 24	20	13.61%	2.83%
Total	147	100.00%	20.82%

Any Breastfeeding by Primary Race / Ethnicity		
Race	Number of Infants	% of Infants Ever Breastfed
Asian	2	0.50%
Asian - Hispanic	0	0.00%
Black	90	22.61%
Black - Hispanic	4	1.01%
Hawaiian/Pacific Islander	1	0.25%
Hawaiian/Pacific Islander - Hispanic	0	0.00%
Native American/Indian	1	0.25%
Native American/Indian - Hispanic	0	0.00%
White	285	71.61%
White - Hispanic	15	3.77%
Total	398	100.00%

Run Date/Time: 09/30/2014 - 07:27 AM

Page 2 of 2

Rev. 1/14/2013

PATIENTS ON BREASTFEEDING REPORT

Report Title:	Patients on Breastfeeding Report
Report Number:	1679
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A listing of all infants that have ever breastfed, their status, race/ethnicity and length of time they have breastfed and whether they are currently breastfeeding.
Actions to be taken:	This report should be reviewed to ensure that breastfeeding data is being entered correctly and the status is consistent with whether the infant is currently breastfeeding.
Explanation of Report:	<ol style="list-style-type: none"> 1. Patient Name: the patient's name. 2. Patient #: the patient's identification number. 3. Birthdate: the patient's date of birth. 4. Status: the current status of the participant. 5. No. of Weeks: the number of weeks that the patient's breastfed. 6. Cert Date: the date of the certification. 7. Race/Ethnicity: the patient's race/ethnicity. 8. Currently Breastfeeding: whether the infant is currently receiving breast milk at least once per day.
Retention/Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1679

Kentucky Department for Public Health
WIC Program
Patients on Breastfeeding Report
08/01/2014 - 08/31/2014

Health Department: 037 - FRANKLIN CO HEALTH DEPT
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

Patient Name	Patient #	Birthdate	Status	No. of weeks	Cert Date	Race/Ethnicity	Currently Breastfeeding
			Infant Fully Formula	4	06/04/2014	White-Hispanic	No
			Infant Fully Breastfed	43	11/20/2013	Black	Yes
			Infant Fully Formula	2	06/16/2014	White	No
			Infant Partially Breastfed	6	07/29/2014	White	Yes
			Infant Fully Breastfed	3	08/29/2014	White	Yes
			Infant Fully Formula	2	12/12/2013	White	No
			Infant Fully Formula	50	10/30/2013	White-Hispanic	Yes
			Infant Fully Formula		04/07/2014	White	No
			Infant Fully Formula		02/28/2014	White	No
			Infant Fully Formula	10	05/15/2014	White	No
			Infant Partially Breastfed	42	11/19/2013	White	Yes
			Infant Fully Formula	3	04/16/2014	White	No
			Infant Partially Breastfed	14	07/22/2014	White	Yes
			Infant Fully Formula	1	10/28/2013	White	No

Run Date/Time: 09/13/2014 - 06:55 PM

Page 1 of 17

Rev. 5/05/2014

ENROLLMENT BY STATUS AND PRIORITY

Report Title:	Enrollment By Status and Priority
Report Number:	1902
Frequency:	Monthly
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report indicates the number enrolled by priority and by status as of the report run date. If WIC priority and/or status is not known, the person will be assigned to the "unknown" category.
Actions to be taken:	The report is to be used for caseload management and evaluation of enrollment.
Explanation of Report:	<ol style="list-style-type: none"> Reporting Period: timeframe for which enrollment is being reported. HID/Clinic: identification of clinic. Priority Assigned: highest priority assigned based on risk assessment. Status/Category: status/category of the person enrolled. Totals for Site: total number of enrollees for site. <p>*NOTE: Districts and multiple-site agencies receive enrollment reports by site with a cumulative total for the district.</p>
Retention/Disposal Period:	If printed, shred or burn after report is worked.

Report # 1902

Kentucky Department for Public Health
WIC Program
Enrollment By Status and Priority
July 2014

002 - Allen Co Health Dept

	01	02	3A	3B	04	5A	5B	06	Unknown	Total
002002 - Allen County Health Department										
Women										
Pregnant	77	0	0	0	2	0	0	0	0	79
Fully Breastfeeding	18	0	0	0	1	0	0	0	0	19
Partially Breastfeeding	4	0	0	0	0	0	0	0	0	4
Post Partum	0	0	0	70	0	0	0	2	0	72
Totals for Women	99	0	0	70	3	0	0	2	0	174
Infants										
Partially Breastfed	5	0	0	0	0	0	0	0	0	5
Fully Breastfed	16	1	0	0	0	0	0	0	1	18
Fully Formula	117	30	0	0	1	0	0	0	0	148
Totals for Infants	138	31	0	0	1	0	0	0	1	171
Totals for Children	0	0	467	0	0	28	20	0	0	515
Totals for Unknown	0	0	0	0	0	0	0	0	0	0
002002 - Allen County Health Department Totals	237	31	467	70	4	28	20	2	1	860

Run Date/Time: 08/11/2014 04:02:09 PM

Page 1 of 232

Rev. 06/11/2013

SUMMARY OF DETAIL – INFANTS PRESCRIBED CONTRACT, NONCONTRACT, EXEMPT INFANT FORMULA AND MEDICAL FOODS

Report Title:	Summary of Detail – Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods
Report Number:	1925
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	<p>This report is in three (3) parts:</p> <p>Part 1: Provides the total number and percentage of infants by formula type (contract, noncontract, other noncontract, exempt infant formulas, medical foods and not receiving formula).</p> <p>Part 2: Provides the number and percentage of infants by food package and type.</p> <p>Part 3: Provides the names of the participant by agency and site who are receiving contract, noncontract, other noncontract, exempt infant formulas and medical foods.</p>
Actions to be taken:	This report should be reviewed to determine current rates of contract, noncontract, exempt infant formula and medical foods. Use for quality assurance to ensure scripts are appropriate and challenge protocols have been followed.
Explanation of Report:	<p><u>Number and Percentage of Infants by Formula Type:</u></p> <ol style="list-style-type: none"> Formula Type: the classification of formula (i.e. Contract, noncontract). See the Clinical Nutrition Section for further definition. Total # of Infants: the total number of infants receiving each type of formula. Percentage of Total of Infants: the percentage of all infants enrolled receiving that type of formula. <p><u>Number and Percentage of Infants by Food Package and Type:</u></p> <ol style="list-style-type: none"> Formula Type: the classification of formula (i.e. contract, noncontract). See the Clinical Nutrition Section for further definition. Package Code: the infant formula food package code. See the Clinical Nutrition Section for the food package codes. Total # Infants: the total number of infants receiving each type of food package by code. Detail Listings of Infants Assigned Noncontract, Other Noncontract, Exempt, and Medical Foods. Household: the household number. Patient #: the patient's identification number. Participant Name: the participant's name. Birth Date: the participant's date of birth. Assigned Date: the date the participant was assigned the food package. Food Package: the food package that the participant is currently assigned. Rx Exp Date: the date that the current formula prescription expires.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

037037 - FRANKLIN COUNTY HEALTH DEPT

Number and Percentage of Infants by Formula Type

Formula Type	Total # Infants	Percentage of Total Infants
Contract Formula	274	77.84%
Noncontract Formula	7	1.99%
Other Noncontract Formula	15	4.26%
Exempt Infant Formula	24	6.82%
Medical Foods Formula	0	0.00%
Not Receiving Formula	32	9.09%

Run Date/Time: 09/13/2014 - 05:00 PM

Page 1 of 11

Rev. 3/10/2014

WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

037037 - FRANKLIN COUNTY HEALTH DEPT

Detail Listings of Infants Assigned Noncontract Formula Food Packages

Household	Patient #	Participant Name	Birth Date	Assigned Date	Food Package	Rx Exp Date
10619	JRC420714	COURTNEY, JAEDEN	02/07/2014	05/23/2014	A65	03/05/2015
Similac Advance Early Shield -12.4 oz. Powder- Full Formula - A65						
9441	B-D123013	DEWS, BRAYLEN	12/30/2013	04/14/2014	M71	08/10/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
11301	B-B430814	GOETTEL, BRIDGETT	03/08/2014	07/02/2014	M71	01/02/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10466	ARH022414	HILBORN, APHILLIA	02/27/2014	06/20/2014	M71	09/03/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10386	947155622	HOCKENSMITH, ZACHARY	02/27/2014	07/30/2014	M71	01/17/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
9250	R-S082013	SINGH, RANJOT	08/20/2013	03/17/2014	M30	05/14/2014
Enfamil Premium Infant -12.5 oz Powder - Infant - Full Formula - M30						
2418	K-S093013	SPAULDING, KENASEN	09/30/2013	04/07/2014	M71	07/28/2014

Run Date/Time: 09/13/2014 - 05:00 PM

Page 3 of 11

Rev. 3/10/2014

WIC RETAILER VOLUME

Report Title:	WIC Retailer Volume
Report Number:	1928
Frequency:	Monthly (usually between the 10 th and the 15 th)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides redemption amounts by month and year to date for each vendor. This information is provided for both in contracted agencies and outside contracted agencies.
Actions to be taken:	This report is for information purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.
Explanation of Report:	<ol style="list-style-type: none"> 1. Agency: the authorized agency number and name. 2. Retailer Number: authorized WIC retailer number assigned by State Agency. 3. Transactions Month: total number of transactions for the month. 4. Amount Month: Total dollar amount of EBT transactions for the month. 5. Transaction FYTD: total number of EBT transactions fiscal year to date. 6. Amount FYTD: total dollar amount of EBT transactions fiscal year to date. 7. In Contract Sub Total: total EBT transactions and dollar amounts redeemed with the contracted agency area. 8. Out of Contract Sub Total: total EBT transactions and dollar amounts redeemed outside the contracted agency's area. 9.
Retention/Disposal Period:	If report is printed, destroy after receipt of next month's report.

Kentucky Department for Public Health
WIC Program
Retailer Volume
12-2013

Agency	Retailer Number	Transactions Month	Amount Month	Transactions FYTD	Amount FYTD
002 - Allen Co Health Dept	102007	388	\$8,543.44	847	\$18,784.20
	102012	668	\$15,320.74	1,399	\$32,539.95
	102013	302	\$4,505.64	598	\$9,415.37
	In Cont Sub Total: 002	1,358	\$28,369.82	2,842	\$60,739.52
	156410	1	\$21.13	1	\$21.13
	156887	1	\$6.07	1	\$6.07
	156902	0	\$0.00	1	\$5.96
	186015	0	\$0.00	2	\$27.33
	186020	5	\$156.07	9	\$293.93
	186021	7	\$49.82	14	\$125.79
	303125	7	\$68.77	20	\$272.00
	303276	1	\$3.99	3	\$22.59
	303304	1	\$70.76	1	\$70.76
	303305	0	\$0.00	1	\$5.68
	303306	3	\$15.56	8	\$64.45
	303318	7	\$108.50	11	\$192.09
	303325	4	\$39.20	10	\$109.11
	303327	3	\$45.84	8	\$183.22
	303337	3	\$47.06	8	\$415.98
	303343	13	\$380.91	23	\$597.81
	303344	43	\$971.99	83	\$1,779.03
	303346	0	\$0.00	6	\$75.72
	303354	79	\$2,187.07	152	\$4,346.73
	303361	10	\$369.10	16	\$564.28
	303362	15	\$297.97	43	\$780.77
	303364	2	\$28.11	3	\$31.90
	303369	7	\$81.95	11	\$115.34
	303370	4	\$40.32	10	\$147.71
	303372	3	\$26.12	9	\$157.03
	303373	3	\$33.12	4	\$36.81
	303374	47	\$1,117.94	91	\$2,134.72
	303391	10	\$494.46	18	\$760.15
	303395	17	\$305.45	33	\$548.45
	303397	34	\$1,867.85	75	\$4,058.50
	303398	2	\$28.40	5	\$74.78
	303406	0	\$0.00	1	\$1.89
	Out Cont Sub Total: Other	332	\$8,863.53	681	\$18,027.71
	- Total -	1,688	\$37,233.35	3,523	\$78,767.23

WIC PARTICIPATION BY PRIORITY/STATUS

Report Title:	WIC Participation By Priority/Status
Report Number:	1930
Frequency:	Monthly (first Thursday after reconciliation)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	The participation report is the number of participants reported as receiving food benefits for the reporting period. Participation is reported by priority and status. If WIC priority and/or status is not known, the participant will be assigned to the "unknown" category. The report is produced in two (2) phases; provisional and final.
Actions to be taken:	This report is to be used for caseload management of active participation.
Explanation of Report:	<p>Provisional: This report is produced the month following the report month. (Example: data for the month of October is produced in November and is the provisional report).</p> <p>Final: This report is produced two (2) months following the report month. (Example: data captured on the provisional report for October is again produced in December for the October reporting period. This data is the final participation report for the October reporting period.)</p> <ol style="list-style-type: none"> 1. Reporting Period: timeframe for which participation is being reported. 2. HID/Clinic: identification of clinic. 3. Priority Assigned: highest priority assigned to participant based on risk assessment. 4. Status/Category: status/category of the WIC participant. 5. Status Assigned: status assigned to the category of the WIC participant. 6. Priority Total: total of each column for all categories/statuses. 7. Totals for site: total number of participants receiving food benefits. <p>NOTE: Districts and multiple site agencies receive participation reports by site with a cumulative total for the district.</p>
Retention/Disposal Period:	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH

WIC Participation Report By Priority/Status

		Reporting Period		1* Between 10/01/2012 And 10/31/2012											
HID/Clinic		Priority Assigned	3*	01	02	3A	3B	04	5A	5B	06	Unknown	Priority Summary		
2* 002002															
Women		4*	Category												
5* Pregnant			24	8	37	0	0	0	10	8	0	0	87		
Fully Breastfeeding			7	1	0	0	0	0	4	1	0	0	18		
Partially Breastfeeding			6	1	0	0	0	0	1	1	0	0	12		
Post Partum			9	9	22	0	0	0	10	6	0	0	57		
Totals for Women			46	19	66	0	0	0	25	16	0	0	174		
Infant		4*													
5* Partially Breastfed			8	0	0	0	0	0	0	0	0	0	8		
Infant Fully Breastfed			26	1	0	0	0	0	0	0	0	0	27		
Infant Fully Formula			122	19	0	0	1	0	0	0	0	0	142		
Totals for Infant			156	20	0	0	1	0	0	0	0	0	177		
Children		4*													
5* Child			1	0	357	0	0	0	27	26	0	0	411		
Totals for Children			1	0	357	0	0	0	27	26	0	0	411		
Totals for															
			203	39	425	0	1		42	0	0		762		
		6*													
Priority Total															

WIC PARTICIPANT DETAIL LISTING

Report Title:	WIC Participant Detail Listing
Report Number:	1932
Frequency:	Monthly (first Thursday after reconciliation)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	A detailed listing of participants enrolled in WIC at your agency.
Actions to be taken:	This report is to be used as a reference for the participants enrolled in WIC at your agency.
Explanation of Report:	<ol style="list-style-type: none"> Reporting Period: timeframe for which enrollment is being reported. HID/Clinic: identification of clinic. Name: participants name. ID Number: participant's identification number. Birth Date: participant's date of birth. Status: status of the WIC participant. Priority: priority assigned to participant based on risk assignment. Valid/Cert Date: n/a at this time. Source: not applicable to clinic. Report Totals: total number of participants enrolled for each status. Total for All Categories: total number of participants enrolled.
Retention/ Disposal Period:	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES						
DEPARTMENT FOR PUBLIC HEALTH						
WIC Participation Report By Priority/Status						
Between 01/01/2013 And 01/31/2013						
303005 - BARREN CO HEALTH CENTER						
Name	ID Number	Birth Date	Status	Priority	Valid / Cert. Date	Source
		03/01/2009	Child	3A	01/25/2013	7
		03/23/2010	Child	5B	01/03/2013	7
		11/13/2008	Child	3A	01/03/2013	7
		09/02/2011	Child	3A	01/25/2013	7
		05/20/2011	Child	5A	01/05/2013	7
		07/02/2010	Child	3A	01/12/2013	7
		04/02/2011	Child	5A	01/20/2013	7
		04/03/2008	Child	3A	01/20/2013	7
		10/06/2008	Child	3A	01/28/2013	7
		08/16/2011	Child	3A	01/01/2013	7
		01/21/2011	Child	3A	01/08/2013	7
		05/09/2011	Child	5A	01/11/2013	7
		06/07/2009	Child	3A	01/25/2013	7
		09/07/2011	Child	3A	01/28/2013	7
		05/27/2010	Child	3A	01/10/2013	7
		08/28/2010	Child	3A	01/11/2013	7
		04/24/2011	Child	3A	01/14/2013	7
		01/16/2009	Child	3A	01/28/2013	7
		03/21/2011	Child	5A	01/22/2013	7
		11/26/2008	Child	3A	01/28/2013	7
		01/07/2009	Child	3A	01/18/2013	7
		12/30/2010	Child	5A	01/09/2013	7
		07/29/2011	Child	5A	01/17/2013	7
		05/17/2009	Child	5A	01/24/2013	7
		03/18/2009	Child	3A	01/04/2013	7
		02/15/2011	Child	3A	01/08/2013	7
		04/05/2011	Child	3A	01/14/2013	7
		11/12/2009	Child	3A	01/17/2013	7
		01/18/2010	Child	3A	01/02/2013	7
		07/00/2008	Child	3A	01/02/2013	7
		07/09/2011	Child	5A	01/10/2013	7
		03/02/2009	Child	3A	01/25/2013	7
		05/04/2009	Child	3A	01/25/2013	7
		01/24/2012	Child	3A	01/25/2013	7
		11/27/2011	Child	3A	01/24/2013	7
		11/18/2011	Child	3A	01/28/2013	7
		07/15/2008	Child	3A	01/28/2013	7
		02/17/2010	Child	3A	01/18/2013	7
		06/07/2011	Child	5A	01/03/2013	7
		03/01/2010	Child	5B	01/13/2013	7
		07/23/2010	Child	3A	01/15/2013	7
		04/07/2011	Child	5A	01/13/2013	7
		07/01/2010	Child	3A	01/11/2013	7
		08/05/2010	Child	3A	01/18/2013	7
		05/21/2010	Child	3A	01/02/2013	7
		01/09/2009	Child	3A	01/18/2013	7
		08/21/2008	Child	3A	01/17/2013	7
3/6/2013						

MEDICAID AND SNAP RECIPIENTS NOT ENROLLED IN WIC

Report Title:	Medicaid and SNAP Recipients Not Enrolled in WIC
Report Number:	1962
Frequency:	Monthly (first Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Persons enrolled in the WIC Program are matched to the appropriate categories of Medicaid and SNAP recipients. Persons that do not appear to be in the WIC CMS System are listed on this report.
Actions to be taken:	Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program.
Explanation of Report:	<ol style="list-style-type: none"> 1. Patient Name: the patient's name. 2. ID #: the patient's identification number. 3. Birth Date: the patient's date of birth. 4. Address: the patient's address. 5. Prev. WIC Date/HIDLOCS: the previous date the patient was enrolled in the WIC Program and the local agency where the participant was enrolled. 6. Matching Summary: lists the number of patients in the county that is enrolled on Medicaid and SNAP but not on WIC.
Retention/Disposal Period:	If printed, shred or burn after report is worked.

WIC Report 1962	Kentucky Department for Public Health WIC Program Medicaid and SNAP Recipients not Enrolled in WIC March 2014												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Patient Name</th> <th style="text-align: left;">ID #</th> <th style="text-align: left;">Birth Date</th> <th style="text-align: left;">Address</th> <th style="text-align: left;">Prev. WIC Date/HIDLOCS</th> </tr> </thead> <tbody> <tr> <td>Smith, Jane</td> <td>12345678</td> <td>01/01/1970</td> <td>456 Main St Anywhere KY 40123</td> <td></td> </tr> </tbody> </table>	Patient Name	ID #	Birth Date	Address	Prev. WIC Date/HIDLOCS	Smith, Jane	12345678	01/01/1970	456 Main St Anywhere KY 40123				
Patient Name	ID #	Birth Date	Address	Prev. WIC Date/HIDLOCS									
Smith, Jane	12345678	01/01/1970	456 Main St Anywhere KY 40123										
TOTAL FOR COUNTY : 30													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Matching Summary</th> </tr> <tr> <th style="text-align: left;">County</th> <th style="text-align: center;">Matched</th> <th style="text-align: center;">UnMatched</th> <th style="text-align: center;">Total</th> </tr> <tr> <td>002 - Allen</td> <td style="text-align: center;">13 92.31%</td> <td style="text-align: center;">1 7.69%</td> <td style="text-align: center;">14</td> </tr> </table>		Matching Summary				County	Matched	UnMatched	Total	002 - Allen	13 92.31%	1 7.69%	14
Matching Summary													
County	Matched	UnMatched	Total										
002 - Allen	13 92.31%	1 7.69%	14										
Run Date/Time: 4/10/2014 5:05:43 AM	Page 5 of 473												
Rev. 01/24/2014													

MEDICAID AND SNAP RECIPIENTS NOT ON WIC MAILING LABELS

Report Title:	Medicaid and SNAP Recipients Not WIC Mailing Labels
Report Number:	1964
Frequency:	Monthly (first Thursday)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	Label listing of individuals who are on Medicaid and/or SNAP who are not currently enrolled in the WIC Program. Labels are generated based on names that appear on the Medicaid and SNAP recipients who are not on WIC report.
Actions to be taken:	Set printer properties compatible with label printer. Affix label to outreach information in your area.
Explanation of Report:	Labels are addressed with the names of individuals who are a recipient of Medicaid and/or SNAP that are not enrolled in the WIC Program.
Retention/Disposal Period:	n/a

Test Label
275 E. Main Street, HS2WA
Frankfort, KY 40601

WAITING LIST BY PRIORITY

Report Title:	Waiting List By Priority
Report Number:	1975
Frequency:	Monthly
Distribution:	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
Description:	This report identifies all persons placed on the waiting list by the agency. The report is in priority and date placed on waiting list order.
Actions to be taken:	Use report to contact participants when benefits become available.
Retention/Disposal Period:	If printed, shred or burn after receipt of next report.

JBU430 JOB 05/23/2003 09:45:30		KENTUCKY CABINET FOR HEALTH SERVICES				PAGE: 1	
SITE: 237		DEPARTMENT FOR PUBLIC HEALTH				RPT: 1975	
		WIC					
		WAITING LIST BY PRIORITY					
HEALTH ID: CO HEALTH DEPT							
CLINIC LOC: CO HEALTH DEPT							
PARTICIPANT ID	PARTICIPANT NAME	ADDRESS	PHONE #	STATUS	PRIORITY	DATE ADDED TO WAIT LIST	DATE OF MEASURES
				PREGNANT	01	11/19/2002	11/19/2002
				PREGNANT	01	01/08/2003	01/08/2003
				INFANT	01	01/11/2003	01/14/2003
				PREGNANT	01	01/25/2003	01/25/2003
				PREGNANT	01	01/28/2003	01/28/2003
				INFANT	01	03/04/2003	03/04/2003
				PREGNANT	01	03/14/2003	03/14/2003
				INFANT	01	03/17/2003	03/17/2003
				INFANT	01	03/18/2003	03/18/2003
				PREGNANT	01	03/19/2003	03/19/2003
				PREGNANT	01	03/19/2003	03/19/2003
				INFANT	01	03/26/2003	03/26/2003
				PREGNANT	01	03/26/2003	03/26/2003
				INFANT	01	04/10/2003	04/10/2003
				INFANT	01	04/16/2003	04/16/2003
				INFANT	01	04/16/2003	04/16/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/25/2003	04/25/2003
				PREGNANT	01	04/25/2003	04/25/2003
				INFANT	01	04/28/2003	04/28/2003
				INFANT	01	04/29/2003	04/29/2003
				PREGNANT	01	04/29/2003	04/29/2003
				INFANT	01	05/06/2003	05/06/2003
				PREGNANT	01	05/09/2003	05/09/2003
				PREGNANT	01	05/09/2003	05/09/2003

WAITING LIST BY PRIORITY/SUMMARY

Report Title:	Waiting List By Priority/Summary
Report Number:	1976
Frequency:	Monthly – only when directed by the State WIC Office.
Distribution:	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
Description:	This report indicates the number on the Waiting List By Priority and by status as of the report run date.
Actions to be taken:	Use report for management of the Waiting List.
Retention/Disposal Period:	If report is printed, destroy after receipt of next report.

APR190 RUN 05/23/2009 09:45:30		KENTUCKY CABINET FOR HEALTH SERVICES							PAGE: 1
SITE: 100		DEPARTMENT FOR PUBLIC HEALTH							RPT: 1976
		WIC							
		WAITING LIST BY PRIORITY (SUMMARY)							
HEALTH ID:	CO HEALTH DEPT								
CLINIC LOC:	CO HEALTH DEPT								
STATUS		PRIORITY							
FREQUENCY									
R00 PCT									
COL PCT		11	12	12A	12B	14	15A	15B	16 TOTAL
PREGNANT		21	01	01	01	21	01	01	25
		91.42	.00	.00	.00	8.57	.00	.00	91.25
		71.11	.00	.00	.00	21.43	.00	.00	.00
POSTPARTUM		01	01	01	01	11	01	01	11
		.00	.00	.00	.00	100.00	.00	.00	9.82
		.00	.00	.00	.00	78.57	.00	.00	.00
BREASTFEEDING		01	01	01	01	01	01	01	0
		.00	.00	.00	.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00	.00	.00	.00
INFANTS		13	11	01	01	01	01	01	24
		54.17	45.82	.00	.00	.00	.00	.00	21.43
		28.89	100.00	.00	.00	.00	.00	.00	.00
CHILDREN		01	01	26	01	01	01	11	42
		.00	.00	61.90	.00	.00	.00	26.19	27.50
		.00	.00	100.00	.00	.00	.00	100.00	100.00
TOTAL		45	11	26	01	14	01	11	112
		40.18	9.82	23.21	.00	12.50	.00	9.82	4.46
									100.00

WIC PARTICIPATION BY RACE/STATUS

Report Title:	WIC Participation By Race/Status
Report Number:	1986
Frequency:	Upon request
Distribution:	After request, obtain electronically through clinic site E-reports folder.
Description:	The number of patients reported as receiving food instruments by race, ethnicity and status.
Actions to be taken:	Use for caseload management, assessing clients served and outreach.
Explanation of Report:	<ol style="list-style-type: none"> 1. Reporting Period: timeframe for participation of each race/status is reported. 2. Race: categories that can be selected on the Registration Screen. <ul style="list-style-type: none"> • <u>White:</u> persons having origins in any of the original peoples of Europe, Middle East or North Africa. • <u>Black or African American:</u> persons having origins in any of the black racial groups of Africa. • <u>American Indian or Alaska Native:</u> persons having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachments. • <u>Asian:</u> persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand and Vietnam. • <u>Native Hawaiian or Other Pacific Islander:</u> persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. 3. Native American/Indian – Hispanic or Latino and Hawaiian/Pacific Islander: Hispanic or Latino is the ethnicity of the participant. 4. Women, Infants and Children: the status of the participant. Unknown is used if the status is not known. 5. TOTAL: the number of participants by race, ethnicity and status.
Retention/Disposal Period:	Retain as needed by agency/site.

WIC Report 1986

Kentucky Department for Public Health
WIC Program
WIC Participation Report by Race/Status
Participation for 02/01/2014 to 02/28/2014

KENTUCKY STATE TOTAL

<u>Race</u>	<u>Women</u>	<u>Infants</u>	<u>Children</u>	<u>Unknown</u>	<u>Total</u>
WHITE	22663	23760	45618	0	92041
WHITE-HISPANIC OR LATINO	1751	1905	5293	0	8949
BLACK	3318	3976	6783	0	14077
BLACK-HISPANIC OR LATINO	48	70	161	0	279
NATIVE AMERICAN/INDIAN	48	53	114	0	215
NATIVE AMERICAN/INDIAN-HISPANIC OR LATINO	17	15	68	0	100
ASIAN	1	290	730	0	1374
ASIAN-HISPANIC OR LATINO	7	5	22	0	34
HAWAIIAN/PACIFIC ISLANDER	53	46	98	0	197
HAWAIIAN/PACIFIC ISLANDER-HISPANIC OR LATINO	41	15	97	0	153
<u>UNKNOWN</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
State Total:	28300	30135	58984	0	117419

WIC RETAILER LISTING

Report Title:	WIC Retailer Listing
Report Number:	1989
Frequency:	Monthly (usually between the 10 th and the 15 th)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides a listing of WIC Authorized retailers for each agency.
Actions to be taken:	This report is to be used to provide the WIC Participant with a contracted Vendor Listing for that agency.
Explanation of Report:	<ol style="list-style-type: none"> 1. Retailer Number: the authorized retailer number assigned by the State WIC Office. 2. Retailer Name: name of the authorized WIC retailer. 3. Retailer Address: physical address of the authorized WIC retailer. 4. Phone Number: area code and phone number of authorized WIC retailer.
Retention/Disposal Period:	Shred or destroy upon printing of next report.

Report # 1989	Kentucky Department for Public Health WIC Program Retailer Listing								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Retailer Number</th> <th style="width: 35%;">Retailer Name</th> <th style="width: 40%;">Retailer Address</th> <th style="width: 10%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Retailer Number	Retailer Name	Retailer Address	Phone Number				
Retailer Number	Retailer Name	Retailer Address	Phone Number						

BREASTFEEDING STATUS EXCEPTIONS

Report Title:	Breastfeeding Status Exceptions
Report Number:	2001
Frequency:	Monthly (first Monday after the first weekend of the month)
Distribution:	Obtain electronically through clinic site E-reports folder.
Description:	This report provides the names of women and infants in the same household that have statuses that do not match, i.e. the women is listed as post-partum and the infant is partially breastfeeding.
Actions to be taken:	Review the report and determine appropriate status of the women and infants in the same household. Document action to be taken in Action Taken column. Correct the information in the system to ensure the status of individual is appropriate and matches.
Explanation of Report:	<ol style="list-style-type: none"> 1. Household Number: the household number. 2. Patient ID: the patient's identification number. 3. Participant Name: the participant's name. 4. Status: the current status of the participant in the system. 5. Action Taken: the place to provide comments about corrective action taken to ensure appropriate status are assigned.
Retention/Disposal Period:	Retain report for one (1) year.

WIC Report 2001

Kentucky Department for Public Health
WIC Program
Breastfeeding Status Exceptions
08/01/2014 - 08/31/2014

Health Department: 037 - FRANKLIN CO HEALTH DEPT
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

Household Number	Patient ID	Participant Name	Status	Action Taken
1253	343868923	GLOVER, MIESHA	Post Partum	
	B-G450714	SMITH, KANIYLA	Infant Partially Breastfed	
1586	110899855	GATHOF, ISABEL	Infant Fully Formula	
	400377046	STAPLETON, DENISE	Partially Breastfeeding	
1766	JWD012014	DODD, JAXSON	Infant Fully Formula	
	545731672	MASCHMEYER, TINA	Partially Breastfeeding	
1983	XCB012414	BUENROSTRO, XIMENA	Infant Partially Breastfed	
1984	403290371	MITCHELL, APRIL	Post Partum	
	GLM030114	MITCHELL, GRACIE	Infant Partially Breastfed	
2109	HJM122613	MILLER, HAISLEY	Infant Partially Breastfed	
2705	402290705	CARMACK, AMBER	Post Partum	
	LBP041314	PARKER, LANE	Infant Partially Breastfed	
4715	MDL110513	LOGAN, MYLES	Infant Partially Breastfed	
5764	HJC010214	CASE, HALEY	Infant Fully Formula	
	406336715	CASE, LAURA	Partially Breastfeeding	
6013	WZC010414	CROTHERS, WILLIAM	Infant Fully Formula	
	404217705	HOWARD, GRETCHEN	Fully Breastfeeding	
6756	481831083	BALTAZAR MARTINEZ, LUIS	Infant Fully Formula	
	543779046	MARTINEZ ROSILLO, MARIA	Partially Breastfeeding	

Run Date/Time: 09/13/2014 - 09:17 PM

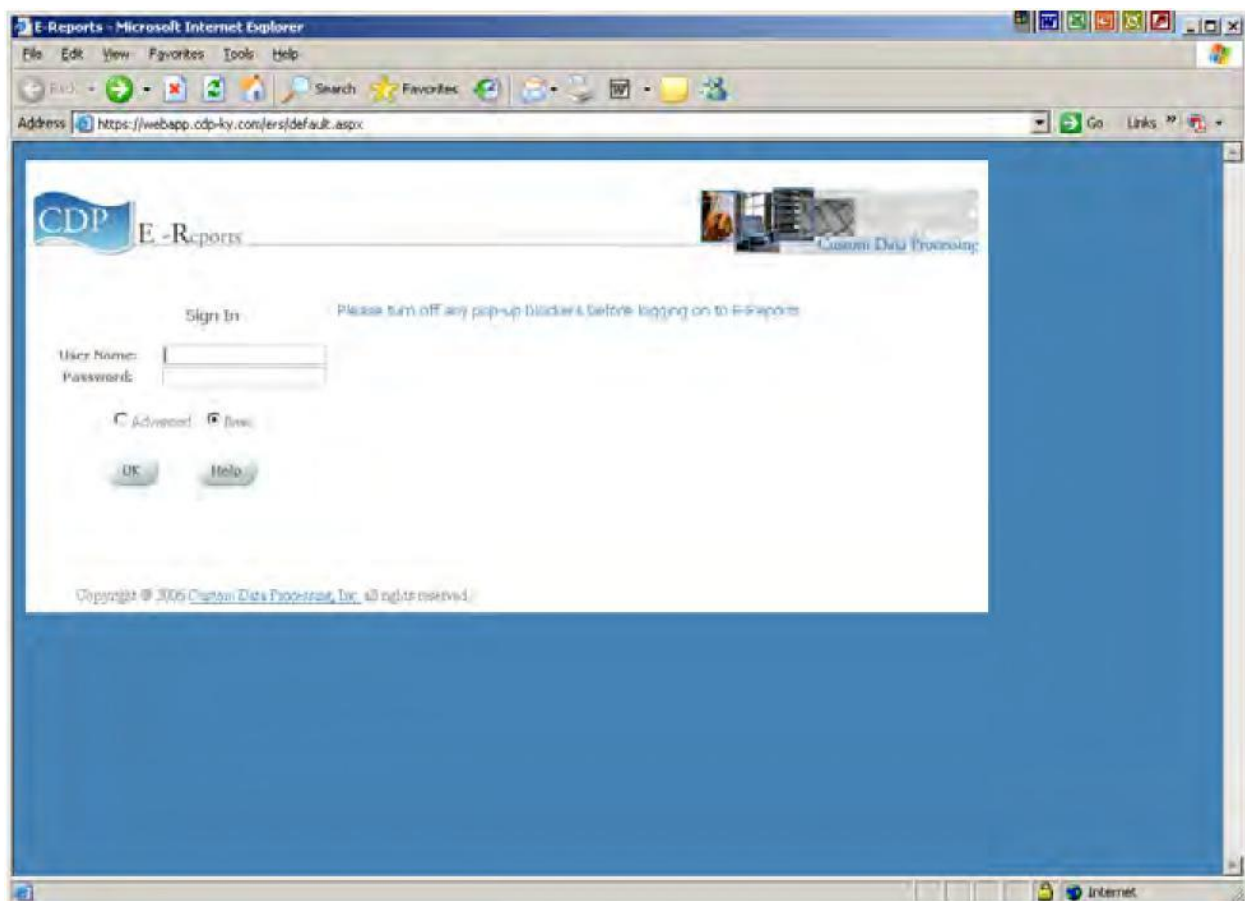
Page 1 of 3

Rev. 1/14/2013

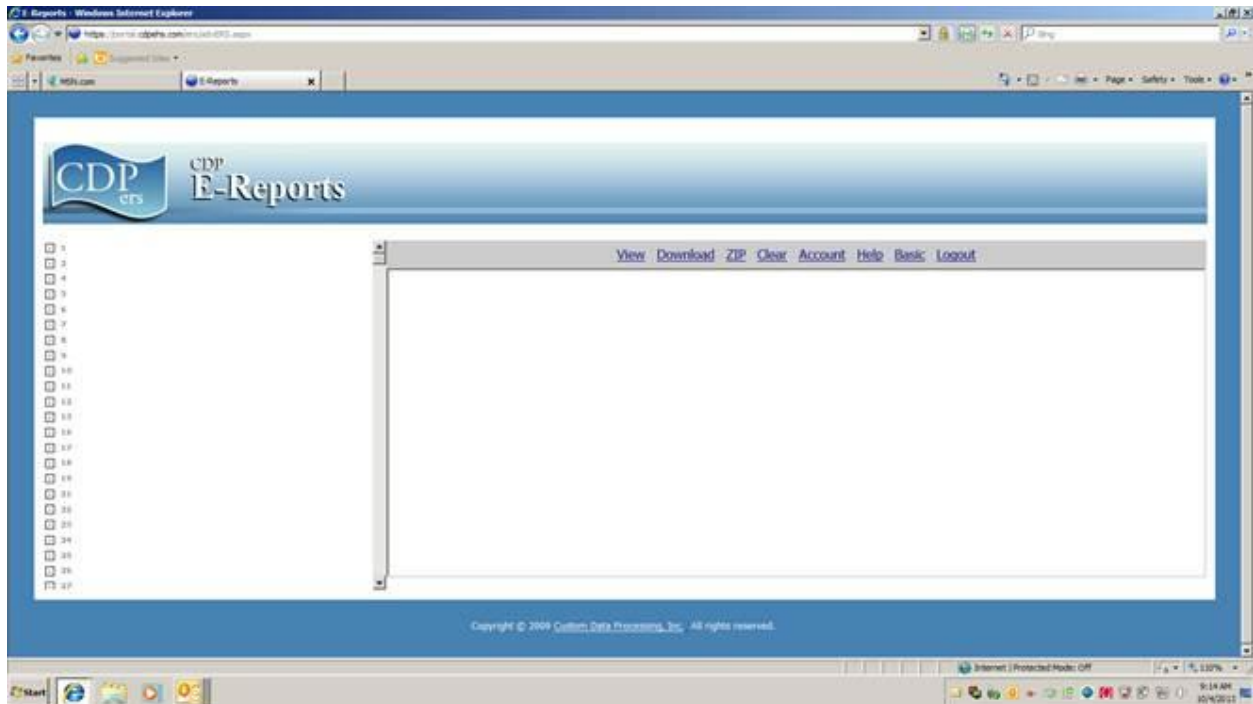
INSTRUCTIONS FOR E-REPORTS

E-reports allow local health departments to access their reports in an electronic format.

1. To sign into the reports system:
 - a. Enter user name as KY# and unique password assigned by CDP, Inc.
 - b. Click BASIC button.
 - c. Click OK button.



2. On the CDP E-reports screen:
 - a. Scroll and locate site number.
 - b. Verify the month and click.
 - c. On displayed reports, choose the desired report and click DOWNLOAD.



WEB-BASED SYSTEMS/APPLICATIONS/E-REPORTS

Web-based programs/applications/E-reports are secure and are only accessible by authorized persons. To access the web-based programs/applications/E-reports, a user must:

1. Be employed by a local health department.
2. Be assigned a KY number.
3. In order to access web-based programs/applications/reports a user will in some instances:
 - a. Need to have a VPN Contivity client.
 - b. Complete the CDP-Report Server – WIC User Authorization request form for local agency staff requesting access to E-reports for the WIC Program. See CDP-Report Server – WIC User Authorization Request form in SYSTEM REPORTS.
 - i. if access is granted, the form will be forwarded to CDP.
 - ii. The user will then be contacted by CDP via email with an attached excel document with active links to certain WIC folders. (ex:
<\\172.25.2.178\cdpreports\site000\wicky>
 - c. If the user isn't on the CHSDPHLHD domain, CDP will create a username and password.
4. For further help, contact the WIC Helpdesk at (877) 597-0367.

KENTUCKY DPH – WIC USER AUTHORIZATION REQUEST FOR E-REPORTS ACCESS

I hereby authorize _____ with User
that: _____ ID: _____
(Name of Employee) (KY Number)

Job Title: _____

Employee Phone () work email address:
#: _____

**BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS (eReports) FOR THE
INDICATED SITE(S):**

County/District/HID: _____

WIC Site #'s/Site Name: _____

**NOTE: LHD Employees will only be granted access to the site(s) listed
above.**

I understand that the proper disposition of the information retrieved, viewed and/or entered lies
with the authorized person (user) and the Local Health Department (LHD).

LDH Authorized Printed Name: _____

LDH Authorized Signature: _____ Date: _____

DPH/WIC Authorized Signature: _____ Date: _____

Email completed WIC E-Report security request form to WIC.Helpdesk@ky.gov

FOR CDP/State Agency Use Only

Date Received: _____ Date Completed: _____

User Name Assigned: _____

Assigned by: _____

AUTODIALER

Purpose:	To contact participants through a call, text, or email for appointment reminders and benefit pick up.
When To Use:	Ongoing
Instructions:	<p>The participant's choice on how they prefer to be contacted is documented on the CMS Registration Screen.</p> <p>If a method of contact isn't chosen, the participant will not receive appointment reminders.</p> <p>If a participant has chosen "no home contact", they will not receive appointment reminders.</p> <p>A daily autodialer report is generated which will show message date, message day, start hour, end hour, status, type, messenger, source, deliveries, remain, delivered, unmatched.</p>
Retention:	Destroy upon printing of the next report.

Welcome,

Search Message Reports

Messenger Menu

Channel Group

Account Status & News

My Profile

Settings

Manage Group

Messaging

View Reports

Message Reports

Contacts Report

Member Activity Report

Contacts Export

Subgroup Report

Auto-initiator Log

Hot Transfer Reports

Contact Us

Help & Support

Training Webinars

Logout

Search Criteria

Select Date Range

☐ Today
 ☐ Last 30 Days
 ☐ Future
 Start Date: 8/3/2016
☒ Yesterday
 ☐ Last 60 Days
 ☐ Date Range
 End Date: 8/3/2016

Status: Select All

Source: Select All

Type: Select All

View Results

Message Date	Start Hour	Status	Messenger	Delivered	Delivered	
Message Day	End Hour	Type	Source	Remain	Unreached	
Canned Call Benefits Expiration-EN; Initiat						
8/3/2016 07:24 pm Complete						
Wednesday	07:24 pm	Message Builder C		2	2	
8/3/2016 04:52 pm Complete						
Wednesday	04:52 pm	SMS	Canned Call	0	1	
Canned Call Appointment Reminder-EN; li						
8/3/2016 04:10 pm Complete						
Wednesday	05:25 pm	Message Builder Ca		75	36	
8/3/2016 04:10 pm Complete						
Wednesday		SMS	Canned Call	0	18	
Canned Call Appointment Reminder - FR; i						
8/3/2016 04:12 pm Complete						
Wednesday	04:49 pm	Message Builder Ca		1	0	
8/3/2016 04:10 pm Complete						
Wednesday		SMS	Canned Call	0	1	

Note: Delivery information for in progress messages is updated approximately every 5 minutes and may not reflect all the actual completed deliveries.